



MINUTES

SELECT BOARD

01/25/2022

5:00 PM VIA ZOOM

Present: Select Board Member, Heather Hamilton, Select Board Member Bernard W. Greene, Select Board Member Raul Fernandez, Select Board Member John VanScoyoc, Select Board Member Miriam Aschkenasy

OPEN SESSION

Question of entering into Executive Session for the reasons stated in items 2, 3, and 4.

Vice Chair Fernandez declared that the board shall enter into executive session with respect to collective bargaining and litigation because an open meeting may have a detrimental effect on the bargaining or litigating position of the public body, and to review/approve minutes. The board will reconvene in open session.

On motion it was,

Voted to enter into executive session.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

EXECUTIVE SESSION - LITIGATION

For the purpose of discussing litigation strategy with regard to pending claim.

EXECUTIVE SESSION - COLLECTIVE BARGAINING

For the purpose of discussing strategy related to collective bargaining of an employee vaccine mandate with all Town unions.

EXECUTIVE SESSION - EXECUTIVE SESSION MINUTES

Question of approving the following Executive Session meeting minutes:

January 11, 2022

January 18, 2022

ANNOUNCEMENTS/UPDATES

Board member Aschkenasy made a statement from the Brookline Select Board:

The recent act of hostage taking in Colleyville Texas on a recent hostage taking in Texas is one but of several instances of resurgent anti-Semitism. The armed attack on worshipers at Congregation Beth Israel was fueled by a

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fantastical conspiracy theory of outsized Jewish power. The very same anti-Semitic trope that fueled hatred and terror in Nazi Germany and, indeed, throughout history. Dehumanizing demonizing or stereotypical allegations about the Jewish people must be condemned wherever and whenever they arise - whether in Colleyville Texas or in the attack on Rabbi Shlomo Naginski on July 1, 2021 in Brighton, or anti-Semitic graffiti on the grounds of schools, and in the recent hate inspired attacks on this very Select Board - individually and collectively via emails replete with Nazi symbolism sent by critics of the town's public health policies. This Select Board stands with the Jewish residents of Brookline and pledges to protect them and their institutions and to celebrate our Jewish neighbors as part of our diverse tapestry of our Brookline community, and to be vigilant in calling out anti-Semitism in all of its forms and expressions and all other hatreds. We are united and we will not be divided.

Board member Greene added an attack on one group is an attack on all of us.

Board member VanScoyoc spoke on recent killings and violent attacks on police in the country. This is a reminder of the job police officers perform daily in harm's way.

There are still some spots available for vaccines. Check out the Town's website for information.

February 3, Hidden Brookline will host a virtual History Café at 7 p.m. about "Local History and the Black Experience in Slavery and Freedom

January 27th, a virtual meeting on the Housing Production plan at 7:00pm

January 27th the Town Administrator will hold a virtual budget forum at 7:00pm.

Chief Sullivan provided an update on warming centers and reviewed the various weather emergencies; emergency and advisory warnings. The warming and cooling centers are located at the Public Safety building, Brookline libraries (libraries are temporarily not accessible for warming centers at this time due to Covid) and the Senior Center.

PUBLIC COMMENT

1. Shira Fisher spoke on crosswalk updates on Summit Ave that have been delayed and recent pedestrian accidents. She urged the board to adequately fund the Transportation Department and consider increasing parking meters to support those funds.
2. John Bowman spoke in support of transportation funding. He spoke on the large backlog of transportation projects due to budget constraints.
3. Neil Wishinsky spoke on Special Town Meeting 2021, Article 26 and the process to start engaging a committee for planning and zoning reform.
4. Deborah Brown spoke on the need for a strategic plan. She added there is no budget line item that addresses food insecurity. She asked where the funds are that were to be allocated for repairs to 25 BHA units, also ARPA funds should not be used for CIP expenses.
5. Len Wholey, Transportation Board member, asked if the board wants them to address meter increases at their February meeting. Chair Hamilton noted that she had emailed him expressing a desire for the Transportation Board to do so.
6. Regina Frawley asked about the Soofa policy and asked why a community standard was removed.
7. David Gladstone, Brookline Chamber of Commerce noted the Chamber will be sending a letter to the board on the Babcock Street parking lot use consideration. On February 7th there will be a showcase for Brookline food and beverage vendors, purveyors and businesses. Ridgewells Catering, the exclusive caterer and concessionaire for the 2022 U.S. Open, is looking for local partners to get involved as part of their operation at the Championship.

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MISCELLANEOUS

Question of approving the following meeting minutes from January 18, 2022.

On motion it was,

Voted to approve the meeting minutes from January 18, 2022, as amended.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

AUTHORIZATION TO HIRES

1. Question of approving the authorization to hire request for a Senior Accountant - Benefits (T-05) in the Comptroller's division of the Finance Department.

On motion it was,

Voted to approve the authorization to hire request for a Senior Accountant - Benefits (T-05) in the Comptroller's division of the Finance Department.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

2. Question of approving the authorization to hire request for the Concierge (C-4) in the Treasury Department.

On motion it was,

Voted to approve the authorization to hire request for a Senior Accountant - Benefits (T-05) in the Comptroller's division of the Finance Department.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

GRANTS

Question of accepting the following grants for the Police Department:

FY 2022 State 911 Department and Support Incentive Grant in the amount of \$248,276.00

FY 2022 State 911 Department Training Grant in the amount of \$18,874.37

On motion it was,

Voted to accept the following grants for the Police Department:

FY 2022 State 911 Department and Support Incentive Grant in the amount of \$248,276.00

FY 2022 State 911 Department Training Grant in the amount of \$18,874.37

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

MASSDOT MUNICIPAL PROJECT AGREEMENT

Question of approving the modification of MassDOT Municipal Project Agreement No. 106460 associated with the Gateway East project to make a final payment to MassDOT in the value of \$328,327.09.

On motion it was,

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Voted to approve the modification of MassDOT Municipal Project Agreement No. 106460 associated with the Gateway East project to make a final payment to MassDOT in the value of \$328,327.09.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

FINANCIAL ASSISTANCE FROM THE MASSACHUSETTS WATER RESOURCES AUTHORITY

Question of approving local financial assistance from the Massachusetts Water Resources Authority in the amount of \$3,000,000 for the Town of Brookline Sewer System Rehabilitation: Planning, Design and Construction MWRA Project No. WRA-P11-07-3-1184.

On motion it was,

Voted to approve local financial assistance from the Massachusetts Water Resources Authority in the amount of \$3,000,000 for the Town of Brookline Sewer System Rehabilitation: Planning, Design and Construction MWRA Project No. WRA-P11-07-3-1184.

Voted:

VOTE OF THE SELECT BOARD

I, the Clerk of the Select Board of the Town of Brookline, Massachusetts, certify that at a meeting of the board held January 25, 2022, of which meeting all members of the board were duly notified and at which a quorum was present, the following votes were unanimously passed, all of which appear upon the official record of the board in my custody:

Voted: that the sale of the \$750,000 Sewer Bond of the Town dated February 7, 2022, to Massachusetts Water Resources Authority (the "Authority") is hereby approved and the Town Treasurer or other appropriate Town official is authorized to execute on behalf of the Town a Loan Agreement and a Financial Assistance Agreement with the Authority with respect to the bond. The bond shall be payable without interest on February 15 of the years and in the principal amounts as follows:

<u>Year</u>	<u>Installment</u>	<u>Year</u>	<u>Installment</u>
2023	\$75,000	2028	\$75,000
2024	75,000	2029	75,000
2025	75,000	2030	75,000
2026	75,000	2031	75,000
2027	75,000	2032	75,000

Further Voted: that each member of the Select Board, the Town Clerk and the Town Treasurer be and hereby are, authorized to take any and all such actions, and execute and deliver such certificates, receipts or other documents as may be determined by them, or any of them, to be necessary or convenient to carry into effect the provisions of the foregoing vote.

I further certify that the votes were taken at a meeting open to the public, that no vote was taken by secret ballot, that a notice stating the place, date, time and agenda for the meeting (which agenda included the adoption of the above votes) was filed with the Town Clerk and a copy thereof posted in a manner conspicuously visible to the public at all hours in or on the municipal building that the office of the Town Clerk is located or, if applicable, in accordance with an alternative method of notice prescribed or approved by the Attorney General as set forth in 940 CMR 29.03(2)(b), at least 48 hours, not including Saturdays, Sundays and legal holidays, prior to the time of the meeting and remained so posted at the time of the meeting, that no deliberations or decision in connection with the sale of the bond were taken in executive session, all in accordance with G.L. c.30A, §§18-25, as amended.

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Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

CALENDAR

DIRECTOR OF HEALTH AND HUMAN SERVICES APPOINTMENT

Question of approving the appointment of the Director of Health and Human Services as recommended by the Town Administrator.

Town Administrator Kleckner announced his recommendation for the Director of Health and Human Services, Sigalle Reiss. He provided the board with her qualifications and reviewed the screening process.

Board member Aschkenasy, a member of the screening panel added that the process was well run and the selection committee was impressive. She supports the Town Administrator's recommendation.

The board acknowledged Interim Director Pat Maloney for stepping up during this critical health crisis.

On motion it was,

Voted to approving the appointment of Sigalle Reiss as the Director of Health and Human Services as recommended by the Town Administrator.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

RETIREMENT BOARD APPOINTMENT

Question of appointing Acting Finance Director Justin Casanova-Davis to the Brookline Retirement Board.

On motion it was,

Voted to appoint Acting Finance Director Justin Casanova-Davis to the Brookline Retirement Board for a term ending June 30, 2023.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

BOARDS AND COMMISSIONS - INTERVIEWS

The following candidates for appointment/reappointment to Boards and Commissions will appear for interview:

Brookline Commission for the Arts
Ellen Goodman
Rena Mirkin

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Ellen Goodman is a life-long journalist who co-founded The Conversation Project, a public engagement campaign and a movement that works to change the way people talk about, and prepare for their end-of-life care. Ms. Goodman serves on the board of Encore.org, a movement to transform the narrative around aging and encourage elders to use their passions, skills and decades of experience to make a difference in our communities and the world. Ms. Goodman had a column with the Boston Globe.

Rena Mirkin is a retired high school principal. She spoke on a book incentive she developed where the community read a book and the author came in to speak on it. This formed a wonderful conversation among the community and families. She spoke on the arts being the first programs to be defunded over the years and the importance of arts in the community. She would like to see film used as a tool to bring generations together.

SELECT BOARD FY 23 BUDGET OBJECTIVES

Discussion of the FY 2023 Budget process and timeline.

Town Administrator Kleckner spoke on the budget process in parallel with the ARPA funding allocations. This year's budget process will be in coordination with the Brookline Community Foundation's presentation of the community's overall priorities for ARPA funding. There was a modest growth coming off conservative years with the pandemic. However, the schools are showing a budget several millions above the allocation of Town/School partnership funds. The ARPA guidelines are showing more flexibility on calculating a higher revenue replacement formula and regulations have been modified and clarified. Points:

- Lots of competition for ARPA funds, there will not be enough to go around for everyone
- The money is going to expire and needs to be spent during a certain period of time. How will we sustain those funded programs?
- There will be a budget forum Thursday evening.
- The Select Board has come to some consensus on some priorities

Deputy Town Administrator Melissa Goff provided a presentation outlining the budget review process and timeline.

Chair Hamilton announced a proposed change to the budget process. She recommends allocating each Select Board member to three departments for an initial budget review. Then onto the board's budget presentation.

Key questions for department heads:

1. Accomplishments
2. What would they do with 1 million dollars
3. Where do you see your department in 5 years?

Board member VanScoyoc asked about the town/school 60/40 split and if this allocation will stand for ARPA funds. Mr. Kleckner responded that there is no decision on this right now.

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Mr. Kleckner explained revenue replacement and the practice of not using ARPA funds for ongoing expenses.

Chair Hamilton added that she feels capital projects are a good use for ARPA funds. Operational funds will eventually go away, and how would we continue with funding.

RANKED CHOICE VOTING COMMITTEE CHARGE

Question of approving the charge for the Ranked Choice Voting Study Committee as presented by Select Board Member Aschkenasy.

Board member Aschkenasy Miriam reviewed that with the help of some community members, a charge was drafted due to a town meeting action to form a committee to review rank choice voting. They looked at some options and made recommendations in terms of best practices. She acknowledged the work of high school student, Jay Sweitzer Shalit who assisted while working on a school project. This was a great experience and he provided important input. The next step is to review applicants. They hope to have a recommendation for the fall 2022 Town Meeting.

Board member VanScoyoc spoke on slate formation and the possibility the committee may find some issues and/or problems with rank choice voting. Will the committee report on what it would mean to adopt this, or focus on how to implement it as though it is a done deal; that is not clear. In Cambridge, they have found that rank choice voting results has differed very little from the traditional voting system. He is not sure what contest this would apply to for Brookline voters, not Town Meeting races and/or state elections. There would be very few offices this format would apply to.

Charge: To implement the purposes of a vote of the November 2020 Town Meeting on Warrant Article 18, the Select Board hereby charges the Ranked-Choice Voting Study Committee (the "Committee") to study the potential options for adoption of Ranked-Choice Voting (RCV) for Town Elections. The goal of the committee should be to recommend best practices for Ranked-Choice Voting in Town and to explore the different options for RCV including benefits and challenges, in order to better inform future debates on the use of Ranked-Choice Voting in Town. The Committee shall be organized as follows:

- a. The Committee shall be composed of five residents of Brookline appointed by the Select Board. The Select Board may appoint additional resident voting members to the Committee upon the request of the Committee.
- b. The Brookline Town Clerk, or the clerk's designee, shall also be a voting member of the Committee.
- c. A majority of the voting members shall be a quorum for the conduct of business.
- d. A member of the Select Board shall chair the Committee for a total of 7 voting Committee members.

On motion it was,

Voted to approve the charge for the Ranked Choice Voting Study Committee as presented by Select Board Member Aschkenasy.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

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BABCOCK STREET PARKING LOT STUDY COMMITTEE - postponed

Question of approving the charge and slate for the Babcock Street Lot Study Committee.

POLICE COMMISSIONER'S ADVISORY COMMITTEE DISCUSSION

Discussion and possible vote on the membership and structure of the Police Commissioner's Advisory Committee.

Chair Hamilton reminded the board that two impressive candidates were before them a couple of weeks ago. This prompted her to consider going from a 5-member committee to a 6-member committee. This composition has worked well for other committees.

The board agreed.

The board spoke briefly on the pace of this committee, as it meets only once a month; adding a committee member could help with their workload.

On motion it was,

Voted to appoint Ronald Wilkinson to the Police Commissioner's Advisory Committee for a term ending August 31, 2024, or until, a successor can be appointed.

Voted to appoint Judith Fabricant to the Police Commissioner's Advisory Committee for a term ending August 31, 2025 or until a successor can be appointed.

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

CLIMATE ACTION COMMITTEE RESTRUCTURE

Question of approving the proposed changes to the structure of the Select Board's Climate Action Committee.

Jesse Gray updated the board on a productive meeting at the Climate Action Committee last night where they discussed the restructuring. Some changes were made to their draft. Mr. Gray added they made some revisions based on some feedback as follows:

To summarize, we have added in response to the Linda's and SBCAC feedback:

- Reference to compliance with OML
- Reference to prioritization of actions
- Consideration of cost and practicality
- Further consideration of equity
- Reference to technical expertise of the members
- Reference to actualizing the Climate Action Plan
- Greater ZEAB ownership of the Climate Action Plan
- Reference to coordination with state level action

There is no movement to go to a seven-member committee.

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Linda Olsen Pehlke added that the current membership largely in favor of implementing all of the recommendations of the Collins report. She spoke on concerns with not being consulted about this new committee and felt that key elements were being left out. She felt they were close to a consensus; however, the discussion was cut off by the committee chair. She inquired why not reference the State's regulations and road map. She feels this new committee should incorporate many different viewpoints.

Chair Hamilton agreed with some of Ms. Pehlke's points and has taken into account some of her concerns. She supports the need for strategic planning. Staff and officials work hard on a plan to then see warrant articles come out of nowhere and bypass the system we are trying to create. The appointed committee would come to the Select Board with a proposal of what they want to happen.

On motion it was,

Voted to approve the proposed changes to the structure of the Select Board's Climate Action Committee.

PROPOSED REVISED WORDING OF WORKING DRAFT OF MEETING MINUTES FROM JANUARY 25, 2022

On motion it was,

Voted to approve the proposed changes to the structure of the Select Board's Climate Action Committee to create a new committee to be called the **Zero Emissions Advisory Board (ZEAB)**.

PREFACE

Several barriers to effective climate action in our town were identified by the Collins Center for Public Management in its August 2020 Organizational Assessment of Sustainability Functions. Based in part on the recommendations in that report, it is essential to reconstitute the SBCAC as the ZEAB, a public body subject to the Open Meeting Law.

Appointees to the reconstituted ZEAB, through their expertise and commitment to climate action goals, should serve as advisers and partners to executive and elected leadership, especially the Town Administrator and Select Board, in defining and actualizing the **Town's Climate Action Plan (CAP)**, most notably the achievement of Zero Greenhouse Gas (GHG) Emissions across both municipal and community wide functions by 2040¹. ZEAB should lead climate action in the Town, including proposing climate mitigation strategy, tactics, priorities, milestones, and public communication, with consideration of efficacy, cost, and feasibility. Central to ZEAB's work shall be consideration of environmental justice, of those most vulnerable to climate effects, and of those with the least means to contribute to climate solutions. It shall also coordinate with state level climate action.

MISSION

The ZEAB, or its designated member(s), shall:

1. Meet monthly with the Town Administrator, according to an agenda set by the Town Administrator and chair of the ZEAB, to prioritize, review, and approve policies, programs, & projects consistent with the Town's CAP.
2. Facilitate quarterly CAP conversations among the Town Administrator & Town department heads, to track progress & coordinate policies.
3. Draft the CAP, in consultation with the Town Administrator, for annual re-consideration by the Select Board.
4. Review & report on CAP progress in the Annual Town Report.

MEMBERSHIP

The ZEAB shall consist of the five members appointed by the Select Board.

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- a. Consideration should be given to candidates with critical expertise or demonstrated leadership in climate action, including engineering, environmental health, architecture, policy-making, law, building trades, and more. There shall be at least one member with an environmental justice orientation.
- b. All members shall serve three-year terms, which may be renewed. Initial appointments shall be for terms of one, two, and three years so that terms will expire at staggered intervals.
- c. The committee shall re-elect its chairperson annually at the first meeting after the annual Town Election.
- d. Membership shall be limited to residents of Brookline and shall not include Town Employees.

REFERENCES

Commonwealth of MA Global Warming Solutions Act:

<https://www.mass.gov/service-details/gwsa-implementation-progress>

Brookline Climate Action Plan: <https://www.brooklinema.gov/702/Climate-Action-Plan>

Organizational Assessment of Sustainability Functions Town of Brookline, MA 08/2020 – University of MA Collins Center for Public Management:

<https://www.brooklinema.gov/DocumentCenter/View/22352/Brookline-Sustainability-Final-Report---August-2020>

¹ See [Spring 2021 Town Meeting, Article 37 \(Declaration of Climate Emergency\)](#).

Aye: Heather Hamilton, Bernard Greene, Raul Fernandez, John VanScoyoc, Miriam Aschkenasy

There being no further business, the Vice Chair ended the meeting at 8:30 pm

ATTEST

ECONOMIC DEVELOPMENT DIRECTOR**T-13****Purpose**

Professional, technical, administrative, and supervisory work related to organizing and managing the Economic Development & Long-Term Planning Division; directs and implements related long-term plans, development plans, programs and services; all other related work as required.

Supervision

Works under the general direction and policy direction of the Director of Planning and Community Development. This position supervises and participates in the recruitment, employment, and evaluation of staff within the Economic Development & Long-Term Planning Division. Also supervises and coordinates the work of consultants and/or interns as needed. As a supervisor, provides assignments, indicating generally what is to be accomplished, setting priorities and deadlines.

Performs highly responsible functions of a complex nature including the fiscal impacts of development, providing professional advice to state and local officials, boards and committees, concerning the development and implementation of the policies, goals, regulations, and statutory requirements related to economic development, business assistance, and long-term planning for the Town.

Job Environment

Work is performed under typical office conditions; infrequent work is conducted in the field with exposure to various weather conditions; frequently travels within the Town of Brookline and attends evening meetings; the noise level in the work environment is usually quiet in the office, and moderate in the field.

Makes frequent contact with municipal, regional, state and federal officials, the business community, the media, and the general public; works closely with other local departments involved in economic development, business assistance, and long-term planning activities. Acts as resource person for existing or potential business owners and employees, developers, architects, attorneys, and residents; acts as spokesperson for the Division, requiring excellent public relations skills. Contacts are in person, by phone, email, video conferencing social media platforms, and in writing and require explaining detailed and complex information to the general public and officials, such as Division initiatives, negotiation terms with developers, and regulatory procedures.

Has access to Department-oriented confidential information such as personnel records, and information about residents and businesses, the disclosure of which would cause poor public relations for the Department as well as the Town.

Work requires the assessment of a variety of conditions and situations, formulating solutions, making judgments, and evaluating the effectiveness and quality of the completed project. Errors in judgment

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could seriously affect the accuracy, reliability, and acceptability of Division operations and service, poor public relation outcomes and significant legal repercussions.

Errors in regulatory procedures or the interpretation of state and local legislation could result in recommendations adversely affecting development and the local economy.

Essential Functions

(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

Recommend modifications and amendments to the economic development, redevelopment, renewal and long-term planning policies of the town, including the Comprehensive Plan and related planning documents. Responsible for initiating policies and programs and assisting in the implementation for the promotion and enhancement of existing business and commercial areas, subject to the approval thereof by the Director of Planning and Community Development, the Economic Development Advisory Board (EDAB) and the Select Board. Responsible for initiating and implementing Division policies, practices, and programs that include Department and Town-wide community engagement, diversity, inclusion, and equity goals.

Responsible for maintaining a current Economic Development and Long-term Planning portfolio and a list of all completed Division projects, all projects in process and all projects awaiting implementation.

Shall provide administrative and professional assistance to EDAB and other Boards or Commissions as directed by the Director of Planning & Community Development.

Leads collaborative work with community groups, neighborhood groups, Select Board-appointed study committees, Planning Board, and other Boards and Committees to make planning recommendations including zoning changes at a site, corridor, neighborhood, or Town-wide scale. The process for this collaborative work incorporates Department and Town-wide goals regarding community engagement, diversity, inclusion, and equity.

Monitors and directs all economic development activities including business retention, industrial, commercial and resident rehabilitation and development, research and statistical material for use by existing industries and those considering the Town of Brookline.

Assists in the development of educational programs designed to increase the productivity or economic well-being of the Brookline business community and their employees, including Department and Town-wide community engagement, diversity, inclusion, and equity goals. Interacts with business organizations to identify technical assistance programs that meet their existing needs; develops and administers those programs.

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Collaboratively works with other Departments, especially the Department of Public Works, to improve the functional and aesthetic qualities of public space in commercial areas.

Responds to inquiries from existing or potential business owners, developers, architects, lawyers, etc. concerning specific development opportunities in Brookline; provides guidance to assist with appropriate projects.

Actively recruits developers and other related professionals to increase the level of general interest in development activities in Brookline.

Guides developers and their teams through the regulatory process involved in completing development projects in Brookline; serves as a liaison to all Town regulatory officers, boards and commissions; assists in creatively solving problems that arise in the development process. This work includes leading negotiating processes with private parties as authorized by the Select Board and Director of Planning and Community Development.

Advises the Town Administrator's Office on innovative ways to make the development process in Brookline more efficient, effective, transparent, equitable, and inclusive of community engagement goals; advocates for changes in Town laws to improve the prospects for local development.

Assists the Town Administrator's Office and the Planning Board with their responsibilities related to the Town's Capital Improvements Program.

Assists the Town Administrator's Office in making recommendations related to municipally-owned property and long-term planning policies for public and private property to the Select Board.

Assists the Town Administrator's Office in making recommendations to the Select Board related to implementing long-term plans, including the Comprehensive Plan.

Assists in the development and articulation of the Town's position on local and state legislative issues.

Seeks federal, state, and private grant programs to meet the Division's objectives; prepares and submits applications; administers program upon award of funding.

Prepares reports, records, and statistical data, applications, and associated documents for federal, state, local or private agencies regarding issues the Division is responsible for; writes policy position papers, letters, proposals, articles, press releases, and internal memoranda.

Prepares and administers the annual Division budget; maintains complete records on all relevant activity.

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Serves as a liaison between the Town and the Chamber of Commerce, merchants' associations, individual business owners or potential owners, diverse business networks, business assistance resource partners, and other public, private or nonprofit groups and associations related to the Division's work.

Coordinates business seminars; performs public relations functions related to economic development in the Town; works on new projects and/or programs; performs similar or related work as required, or as situations dictates.

Recommended Minimum Qualifications

Education and Experience

Master's Degree in urban planning, business or public administration, economics, marketing, finance, or related field; five years of experience in a professional capacity in economic development at the local, regional or state level; experience in public speaking and with media relations is highly desirable; experience in leading high-level interventions which have resulted in long-term organizational success is highly desirable; or any equivalent combination of education and experience.

Knowledge, Ability, and Skill

Knowledge. Considerable knowledge of business development and real estate terminology, laws, practices, principles, and regulations. Considerable knowledge of economic development. Working knowledge of municipal zoning and infrastructure. Working knowledge of economic development and planning programs and processes, including community engagement, diversity, inclusion, and equity practices. Thorough knowledge of planning and economic theory. Knowledge of the economic, sociological, and environmental aspects of development. Knowledge of financial systems and grants administration is necessary. Knowledge of local political process.

Ability. Ability to plan, organize and direct the preparation of comprehensive research studies, analyze problems and data, prepare reports and formulate recommendations. Ability to identify key areas for innovative transformation in industry trends and municipal processes. Ability to lead public processes related to businesses, development, zoning, and long-term planning. Ability to negotiate and resolve disputes effectively; ability to exercise creativity and initiative in resolving town problems. Ability to establish and maintain effective working relationships with businesses, board/committee members, officials, and the general public. Ability to understand and manage high-profile, sensitive or controversial political situations; strong problem-solving and negotiation skills. Ability to speak and write effectively. Ability to make formal presentations to government agencies, businesses, regional agencies, municipal boards and Town residents.

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Skill. Demonstrated communications, leadership, grant writing, and administration skills. Strong organizational skills. Self-motivated and the ability to work independently in dynamic situations. Skill in word processing and data processing, presentation software, and social media platforms. Sensitivity to political issues. Negotiation and mediation skills.

(This job description does not constitute an employment agreement between the employer and employee, and is subject to change by the employer, as the needs of the employer and requirements of the job change.)



Town of Brookline

Massachusetts

Authorization To Hire Request Form

1. Position **TITLE**: Economic Development Director Grade: T-13

2. Department: Planning & Community Development Division: Econ. Dev. & Long-Term Planning

3. Position Control #: 172000002 Prior Incumbent: Kara Brewton

a. Reason for Leaving: Promotion

4. Budgetary Information:

Department Code: 1720173C Budget Code: 510101 % 100

☐ Grant Funded-Name of Grant: _____ ☐ Revolving Fund ☐ Enterprise Fund

6. Employment Type:

☒ Full-Time: # of hours/week: _____ ☐ Part-Time: # of hours/week: _____

☒ Permanent ☐ Temporary: expected end date (required) ____/____/____

7. Method of Fill:

☐ Promotion – To be Posted Internally from: ____/____/____ to ____/____/____

☒ New Hire ☐ Transfer – Please explain: _____

8. List the top three essential functions of this position:

1. _____

2. _____

3. _____

9. I have considered the following alternatives to filling this position:

If this middle-management position were not filled, we would need to consolidate Divisions, but

would still need to hire a position at this level to effectively manage multi-year community projects.

10. The alternatives are less desirable than new hire action for the following reasons:-continued on reverse side-

Hiring a consultant would not have the ability to create and maintain long-term community

relationships, which are crucial for this kind of work to be effective.

Authorization To Hire Request Form

11. Suggested sources for specialized recruitment advertising: (other than local papers)

Human Resources will work closely with the department to post the position widely with recruiting websites and multiple targeted affinity group job boards, professional groups and diversity recruiting sites.

12. Please attach the current position description.

13. Signatures:

Department Head Signature: Kara Benton Date: 1-27-2022

Human Resources Director: _____ Date: _____

Town Administrator: _____ Date: _____

14. Approvals:

Date on BOS Agenda: _____ Date Approved: _____

15. Notes:



TOWN OF BROOKLINE
Massachusetts
DEPARTMENT OF PUBLIC WORKS

Erin Chute Gallentine
 Commissioner

Memorandum

To: Select Board
 From: Erin Gallentine, Commissioner of Public Works
 Date: January 27, 2022
 Re: **Authorization to Hire**
 Cc: Melvin Kleckner, Town Administrator
 Melissa Goff, Deputy Town Administrator
 Ann Hess Braga, Director of Human Resources
 Kevin Johnson, Deputy Commissioner of Operations/Highway & Sanitation Director

For your meeting on February 1, 2022, I respectfully submit for your review and approval, request for authorization to hire the following position within the Department of Public Works:

Highway and Sanitation Division
 Motor Equipment Repair Foreman – GN11

Authorization to Hire

The Department of Public Works respectfully submits for your review and approval the attached Authorization to Hire Request form and associated position description for the Motor Equipment Repair Foreman position within the Highway and Sanitation Division. This position is responsible to coordinate the repair and maintenance of Town vehicles and equipment; analyze and assess complex equipment malfunctions; direct the repair process; instruct personnel and inspect work completed; order supplies and equipment; maintain records; prepare reports.

The Motor Equipment Repair Foreman position is a critical position in the maintenance and management of the Town's entire fleet of large and small engine equipment, exclusive of the Fire Department. The former incumbent, Michael Fallon, recently retired.

Please see attached position description for more information.



Town of Brookline

Massachusetts

Authorization To Hire Request Form

1. Position **TITLE**: _____ Grade: _____

2. Department: _____ Division: _____

3. Position Control #: _____ Prior Incumbent: _____

a. Reason for Leaving: _____

4. Budgetary Information:

Department Code: ____ Budget Code: _____ % _____

☐ Grant Funded-Name of Grant: _____ ☐ Revolving Fund ☐ Enterprise Fund

6. Employment Type:

☐ Full-Time: # of hours/week: _____ ☐ Part-Time: # of hours/week: _____

☐ Permanent ☐ Temporary: expected end date (required) ____/____/____

7. Method of Fill:

☐ Promotion – To be Posted Internally from: ____/____/____ to ____/____/____

☐ New Hire ☐ Transfer – Please explain: _____

8. List the top three essential functions of this position:

1. _____

–

2. _____

–

3. _____

–

9. I have considered the following alternatives to filling this position:


10. The alternatives are less desirable than new hire action for the following reasons:-continued on reverse side-

Authorization To Hire Request Form

11. Suggested sources for specialized recruitment advertising: (other than local papers)

12. Please attach the current position description.

13. Signatures:

Department Head Signature:		Date:	1/27/22
Human Resources Director:		Date:	
Town Administrator:		Date:	

14. Approvals:

Date on BOS Agenda:		Date Approved:	
---------------------	--	----------------	--

15. Notes:

MOTOR EQUIPMENT REPAIR FOREMAN

PRIMARY PURPOSE

Skilled technical mechanical, supervisory and troubleshooting work in the oversight of maintenance and repair of vehicles and equipment; other related work, as required.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The essential functions or duties listed below are illustrations of the various types of work performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

Coordinate the repair and maintenance of vehicles and equipment; analyze and assess complex equipment malfunctions; direct the repair process; instruct personnel and inspect work completed; order supplies and equipment; maintain records; prepare reports.

Oversee the preventive maintenance program; track parts and labor costs; ensure that work is performed in a timely manner; ensure that work orders are updated and information is accurate.

Work with outside vendors to ensure warranty work is completed; ensure that equipment is operating properly.

Ensure that all equipment is operational for regular, as well as emergency, use; ensure that snow equipment is operational; ensure that personnel are prepared for regularly scheduled events and emergencies.

Ensure that accepted industry practices and operating procedures are followed to ensure compliance with applicable safety practices and standards.

Perform similar or related work as required, or as situation dictates.

SUPERVISION

Works under the general supervision of the Fleet Supervisor, following department rules, regulations and policies to complete assignments; the supervisor provides general suggestions and reviews the results of work.

SUPERVISORY RESPONSIBILITIES

May supervise up to ten full-time employees.

WORK ENVIRONMENT

Most work is performed in shop and office environments; work may be performed outside in field conditions during emergencies; work involves exposure to constant loud noise and potential exposure to equipment with moving mechanical parts and hydraulic systems. The workload is subject to seasonal fluctuations which are expected, but cannot be specifically anticipated. The employee may respond to emergency situations.

The employee operates a variety of special motor equipment and other equipment, such as trucks and heavy and light equipment, and office equipment.

The employee has contact with other departments, vendors, and contractors.

Errors could result in personal injury, injury to others, financial loss, delay or loss of service and damage to equipment.

RECOMMENDED MINIMUM QUALIFICATIONS

EDUCATION AND EXPERIENCE

High school diploma; additional technical training; ten years of comprehensive experience repairing, maintaining and overhauling heavy equipment and motor equipment; supervisory experience; or an equivalent combination of education and experience.

ADDITIONAL REQUIREMENTS

Valid Commercial Driver's License, Class B
Valid MA Hoisting Engineer's License

KNOWLEDGE, ABILITY AND SKILL

Comprehensive knowledge of techniques and principles of equipment maintenance and repair, fabrication and equipment troubleshooting, preventive maintenance programs, safety practices and procedures; thorough knowledge of computer diagnostic systems.

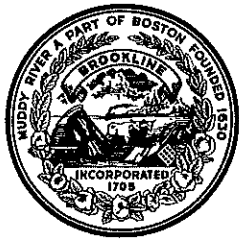
Ability to assess complex maintenance and repair problems, troubleshoot and diagnose mechanical and other problems, supervise personnel, distribute work assignments, inspect work and give advice, develop maintenance solutions, operate heavy and other motor equipment, power tools and hand tools, read technical manuals, equipment specifications, work orders and instructions, and adapt new technology to work situations.

Supervisory, problem-solving, planning, and computer skills; skill in assessing mechanical problems and finding solutions.

PHYSICAL REQUIREMENTS

Work is generally performed in office or shop conditions; minimum physical effort is usually required when inspecting work and assessing mechanical problems. The employee is frequently required to stand, sit, speak, hear and occasionally required to use hands to operate equipment, walk, reach with hands and arms, balance, crouch, crawl, stoop, and climb, and is occasionally required to lift or move items weighing up to 60 pounds. Vision requirements include the ability to read routine and technical documents, operate vehicles and use a computer.

This job description does not constitute an employment agreement between the employer and employee, and is subject to change by the employer, as the needs of the employer and requirements of the job change.



TOWN of BROOKLINE
Massachusetts
Recreation Department

Park and Recreation Commission

*John Bain, Chairperson
Nancy O'Connor, Vice Chairperson
Clara Batchelor
Antonia Bellalta
James Carroll
Daniel Lyons
Wendy Sheridan*

Director of Recreation

Leigh Jackson

MEMO

1/27/22

Dear Select Board,

I am writing today to respectfully request your authorization to accept the following new incoming donations and grants to the Recreation Department. We have recently received (2) Extension EEC Grants for our licensed child care programs, Soule Early Childhood Education (\$99,265.81) and Recreation's After School Program "ASP" (\$28,600.02). The original Department of Early Education and Care (EEC) grants were accepted from July through December by the Select Board early last fall. The total EEC Grant that I am respectfully requesting authorization to accept for through tonight's meeting totals \$127,865.83. This extension is the total amount of EEC donations that cover the rest of the school year.

In addition to the EEC Grant extensions, we are grateful to have received two separate donations to the Recreation Department's Recreation Therapy Division from two local families. Franklin H. Kettle has graciously donated \$1,000.00 and Eugene M. Lang Foundation has also donated \$1,000.00 for the Recreation Therapy Division to assist in continuing to do its' great work. The Recreation Therapy Division donation total is \$2,000.00 for an overall total of \$129,865.83 that we are requesting the Select Board's authorization to accept.

In summary, we are thrilled to see this support come to the Department of Recreation via EEC and our local families. We want to extend our deepest gratitude for the donations from the Kettle Family and Eugene M. Lang Foundation. We will put these funds to good use, as we work to serve our community in the future, even better than we have in the past!

Thank you for this consideration.
Sincerely,

Leigh Jackson
Recreation Director

7.D.

ARPA EEC Grant

Description: All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child care subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six months of monthly stipends. Applications will be accepted on a rolling basis. Programs should complete the full application to request funds and then confirm or update application information each month to continue receiving monthly payments. Programs should apply for this grant during the first month in the grant period (beginning in July 2021) that they are open and serving families. For example, programs that are not open in the summer should submit their application to start in September.

Child Care Stabilization Grant funds may be used for one or more of the purposes below.

- Personnel costs, benefits, premium pay, and recruitment and retention
- Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance
- Personal protective equipment, cleaning and sanitation supplies and services, or training and
- Professional development related to health and safety practices

Funding Month for Soule:

January 2022: \$14,180.83

February 2022: \$14,180.83

March 2022: \$14,180.83

April 2022: \$14,180.83

May 2022: \$14,180.83

June 2022: \$14,180.83

July 2022: \$14,180.83

ARPA EEC Grant

Description: All child care programs licensed as of March 11, 2021 and open at the time of application are eligible, including programs that do not accept state child subsidies. Funded programs may also be eligible if run by a private school. Eligible programs can apply here for up to six monthly stipends. Applications will be accepted on a rolling basis. Programs should complete the full application to request funds and then confirm or update information each month to continue receiving monthly payments. Programs should apply for this grant during the first month in the grant period (beginning in July 2021) that they are open and serving families. For example, programs that are not open in the summer should submit their application to start in September.

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Funding Month for ASP:

January 2022: \$4,766.67

February 2022: \$4,766.67

March 2022: \$4,766.67

April 2022: \$4,766.67

May 2022: \$4,766.67

June 2022: \$4,766.67



Town of Brookline

Massachusetts

**Department of Planning and
Community Development**

Town Hall, 3rd Floor
333 Washington Street
Brookline, MA 02445
(617) 730-2130 Fax (617) 730-2442
ASteinfeld@brooklinema.gov

Kara Brewton
Director

To: Brookline Select Board

From: Joe Viola, Assistant Director for Community

Re: **BIC CDBG FY 2021 – Extended Developer Agreement**

Date: January 25, 2022

We ask the Board to approve and authorize the Chair to execute the extension of a Developer Agreement with the Brookline Improvement Coalition. BIC staff will use CDBG funds to procure a contractor to replace the roof at the 154–156 Boylston Street property, a six unit affordable multi-family building owned and operated by BIC. The roof is failing. Replacing the roof is a good starting point for BIC as they look to address a number of capital projects at this property.

Requested votes:

- *Approve and authorize the Chair or his designee to execute a Developer Agreement between the Town of Brookline and the Brookline Improvement Coalition (BIC) for a roof replacement project at BIC's 154-156 Boylston Street Property:*
 - ***Budget Code 1851-G020 -- in the amount of \$59,250.00***

**Extension of a Developer Agreement
Between
The Town of Brookline
and
The Brookline Improvement Coalition**

WHEREAS, the Town of Brookline and the Brookline Improvement Coalition (the PARTIES) entered into a DEVELOPER AGREEMENT on April 20, 2021 for the CDBG FY 2021 154-156 Boylston Street Capital Improvements Project (PROJECT - 1851 G020) in the amount of \$59,250;

WHEREAS, additional time beyond the December 31, 2021 contract term is needed to complete the scope of work;

THEREFORE, the PARTIES agree to extend the term of the AGREEMENT to June 30, 2022 to allow additional time for the completion of the PROJECT.

All other terms and conditions of the Agreement remain in full force and effect.

Executed this _____ day of January, 2022

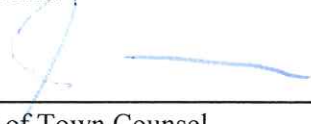
SUBRECIPIENT

TOWN OF BROOKLINE
SELECT BOARD

BY: _____
Deborah Brown, President
Brookline Improvement Coalition


BY: _____
Heather Hamilton or designee
Chair

As to Form:



Office of Town Counsel

Funds Available:



Comptroller

**Extension of a Developer Agreement
Between
The Town of Brookline
and
The Brookline Improvement Coalition**

WHEREAS, the Town of Brookline and the Brookline Improvement Coalition (the PARTIES) entered into a DEVELOPER AGREEMENT on April 20, 2021 for the CDBG FY 2021 154-156 Boylston Street Capital Improvements Project (PROJECT - 1851 G020) in the amount of \$59,250;

WHEREAS, additional time beyond the December 31, 2021 contract term is needed to complete the scope of work;

THEREFORE, the PARTIES agree to extend the term of the AGREEMENT to June 30, 2022 to allow additional time for the completion of the PROJECT.

All other terms and conditions of the Agreement remain in full force and effect.

Executed this 13 day of January, 2022

SUBRECIPIENT

TOWN OF BROOKLINE
SELECT BOARD

BY: 

Deborah Brown, President
Brookline Improvement Coalition

BY: _____

Heather Hamilton or designee
Chair

As to Form:

Office of Town Counsel

Funds Available:

Comptroller



Boston Athletic Association

185 DARTMOUTH STREET, 6TH FLOOR, BOSTON, MASSACHUSETTS 02116
617.236.1652 www.baa.org

January 18, 2022

Town of Brookline
333 Washington Street
Brookline, MA 02445

RE: Boston Marathon Parade Permit – Monday, April 18, 2022

Chair Hamilton and Select Board Members:

The 126th Boston Marathon is scheduled for Monday, April 18, 2022. The Boston Athletic Association requests the Town of Brookline issue a Parade Permit to conduct the annual event.

The B.A.A. has and will continue to work in close coordination with our local, city, and state partners in planning for the field of 30,000 participants on its traditional date. Alongside significant safety measures, protocols, and requirements that will be in place to ensure participant and public health, participants will need to show proof of vaccination prior to participating. That, and additional steps the B.A.A. is taking to create a safe environment, are based on advice from the COVID-19 Medical and Event Operations Advisory Group. The B.A.A. is committed to ensuring a safe return to racing in April.

The B.A.A. plans to work within a similar footprint used in the past. The race operations team is reviewing site plans, event timelines, equipment needs, and other items and coordinating with the Town and others, as required. The B.A.A. will provide updates to all partners as soon as they are available.

The B.A.A. requests that Brookline's authorization includes permission to control and utilize the roadway and adjacent sidewalks and other appropriate areas, as determined in our planning sessions, to conduct the race in a safe and controlled manner. This includes permission to deliver and install course signage, hydration stations, portable toilets, medical stations, timing mats, mile markers, sponsor activations, and other equipment, the locations of which are outlined in the included attachments. The Town of Brookline is named as an additional insured on our liability insurance policy.

The Boston Athletic Association looks forward to working with the Town to conduct a safe and successful event for the athletes, volunteers, and spectators taking part in the 2022 Boston Marathon.

Sincerely,

Boston Athletic Association

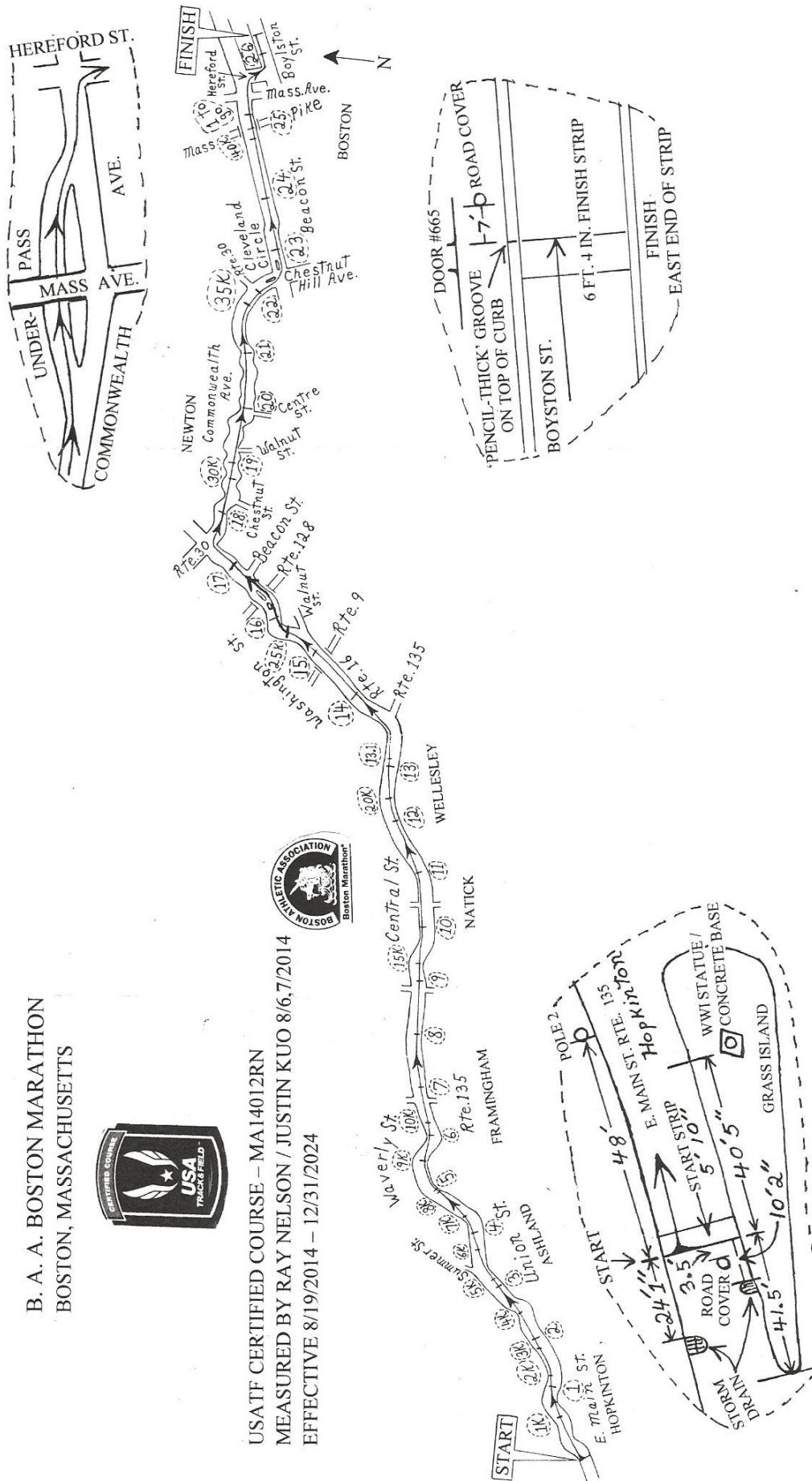
B. A. A. BOSTON MARATHON
BOSTON, MASSACHUSETTS



USATF CERTIFIED COURSE - MA14012RN
MEASURED BY RAY NELSON / JUSTIN KUO 8/6,7/2014
EFFECTIVE 8/19/2014 - 12/31/2024



9.A.



9.A.

BOSTON MARATHON – MEASURED BY RAY NELSON / JUSTIN KUO 8/6,7/2014 SPLIT DESCRIPTIONS

1K – 0.62 MI. – 21.8 FT. BEFORE POLE 65 (R), 0.2 MILE AFTER E. END OF PRESTWICK DR. (R)

MILE 1 – ON EAST MAIN ST., HOPKINTON, 42 FT. BEFORE PEACH ST. SIGNPOST (L), 12 FT. BEFORE STOP SIGN (R) AT EAST END OF LEGACY FARMS RD. (R)

2K – 1.24 MI. – 15.5 FT. BEFORE BEGINNING OF DRIVEWAY #112 (R), 71.8 FT.

BEFORE POLE 32 (R), 84.8 FT BEFORE MAILBOX POST #111 (L)

3K – 1.86 MI. – 4 FT. AFTER W. END OF WOODLAND RD. (R), 30 FT. BEFORE POLE 2 (R)

MILE 2 – ON WEST UNION ST., ASHLAND, IN MIDDLE OF DRIVEWAY #272 (R) AT EAST END OF RESIDENCE #272, 58.5 FT. AFTER POLE 119

4K – 2.48 MI. – IN ASHLAND, JUST BEFORE FRANKLIN RD. (L), 5 FT. AFTER POLE 89X

MILE 3 – IN ASHLAND, JUST AFTER DRIVEWAY #66, 8 FT. BEFORE POLE 65 (R)

5K – IN ASHLAND, AT EAST END OF VOYAGERS LN., 6 FT. BEFORE DUNKIN DONUTS SIGN AT #41 W. UNION ST.

6K – 3.728 MI. – 3 FT. BEFORE FIRST FRONT DOOR TO #208 (R), 13 FT. AFTER POLE 31X (R)

MILE 4 – IN ASHLAND AT #62 UNION ST. (R) (AT BEGINNING OF FITZY’S CAR WASH), AT TOM’S AUTO BODY (L), 3 FT. BEFORE POLE 44/15 (L), 136 YD. BEFORE BEGINNING OF FOUNTAIN ST.(L)

7K – 4.35 MI. – AT #13 UNION ST., 29 FT. BEFORE MILE MARKER POST 15/2 (R), 52.4 FT. BEFORE POLE 31

8K – 4.97 MI. – 9.5 FT. BEFORE POLE 48/1X (R), 12.5 FT. BEFORE ‘ENTERING FRAMINGHAM’ SIGN

MILE 5 – 141 FT. AFTER ‘ENTERING FRAMINGHAM ST., 10 FT. BEFORE DOUBLE POSTED SIGN FOR WAVERLY ESTATES 1100-1114 (R), 10 FT. AFTER POLE 129 (R)

9K – 5.59 MI. – JUST BEFORE ENTRANCE TO #875 K.C.R. INC. (L), 9.5 FT AFTER NO PARKING SIGN (R), 33.8 FT. BEFORE POLE 99X

MILE 6 – EVEN WITH LEADING EDGE OF WAVERLY MARKET (R) #684 WAVERLY ST., 20 FT. BEFORE POLE 77 (L), 3 FT. AFTER END OF ‘BEC’ ROAD COVER AT FAR (L), BIG PARKING LOT (L), 45 YD. AFTER END OF BETHANY RD. (R)

10K – 7 FT. BEFORE END OF BUILDING #596 (R), 2 FT. AFTER 3 HR. PARKING SIGN (R), 130 YD. AFTER END OF MELLEN ST. (R)

MILE 7 – IN FRAMINGHAM ON WAVERLY ST. @ 40 YD. AFTER END OF BEAVER ST. (R), EVEN WITH LAMPPOST AT END OF SHELL STATION

MILE 8 – IN NATICK ON W. CENTRAL ST., 1 FT. BEFORE DOUBLE POSTED SIGN “DEERFIELD FOREST” (R), @ 35 YD. BEFORE NEWFIELD DR. (R), 10 FT. AFTER POLE 2 (L), 200 YD. AFTER END OF KENDALL LN. (R)

*8.725 MILES AT END OF SPEEN ST.

9.A.

BOSTON MARATHON – MEASURED BY RAY NELSON / JUSTIN KUO 8/6,7/2014

MILE 9 – JUST BEFORE DRIVEWAY TO UNNAMED BLDG. (L), JUST BEFORE # 113 CENTRAL ST. (AMERICAN LEGION W/ FLAGPOLE), 44 FT. BEFORE ‘SHARE THE ROAD’ SIGN (R), 60 FT. BEFORE POLE 67 (L)

15K – 9.32 MI. – 12 FT. AFTER EAST END OF FIRST DRIVEWAY TO MIDDLESEX PATH (L), 24 FT. BEFORE POLE 196-50 (L), 10 FT. BEFORE BEGINNING OF STORM DRAIN (L)

MILE 10 – 60 YD. AFTER END OF WASHINGTON AVE. (L), 10 FT. BEFORE LEADING EDGE OF #43 CENTRAL ST. (RED HOUSE), JUST BEFORE BEGINNING OF DRIVEWAY #38 (R), 30 FT. BEFORE JCT 27 SIGN (R)

MILE 11 – IN NATICK, 25 FT. AFTER FRONT DOOR TO 154 EAST CENTRAL ST. (JESAMONDO) (L)

*11.72 MILES AT ‘ENTERING WELLESLEY’ SIGN, BEFORE POND ST.(R)

MILE 12 - 100 YD. AFTER ACCESS ROAD TO ATHLETIC FIELDS / TENNIS COURTS, 16 FT. BEFORE LAMPPPOST 7 (L), 85 FT. BEFORE ‘MILE 22.8’ SIGN (R)

20K – 12.427 MI. – 55YD. AFTER EAST END OF MAIN ENTRANCE TO WELLESLEY COLLEGE, 9 FT. AFTER POLE 59 (L)

MILE 13 – 5 FT AFTER FRONT DOOR TO #73 CENTRAL ST. (WILLIAM RAVEIS REAL ESTATE), JUST BEFORE CROSS ST. (R), 5 FT. AFTER METER 6073 (L)

HALF MARATHON – AT #13 CENTRAL ST. (JUNIPER), 20 FT. AFTER EAST END OF ABBOTT ST. (R), EVEN WITH ROAD COVER (L), 1 FT. AFTER LAMPPPOST (R)

MILE 14 – IN WELLESLEY ON WASHINGTON ST., 40 YD. BEFORE ENTRANCE TO PARKING LOT TO TENNIS COURTS (R), 3 FT. AFTER ‘NO PARKING’ SIGN (L), 12 FT. BEFORE BEGINNING OF STORM DRAIN (R), 3 FT. BEFORE ‘NO PARKING SIGN (R), 45 FT. BEFORE LAMPPPOST 262 (R)

MILE 15 – AT FRONT DOOR #189 WASHINGTON ST.(L), 25 YD, BEFORE BEGINNING OF WOODLAWN AVE., 24 FT BEFORE CROSSWALK, 102 YD. AFTER END OF GRANTLAND RD. (R)

25K – 15.53 MI. – IN WELLESLEY, JUST BEFORE #71 WASHINGTON ST., JUST AFTER HILLSIDE RD. (L), 3 FT. BEFORE BEGINNING OF STORM DRAIN (L), 9 FT. BEFORE LAMPPPOST 57 (L)

MILE 16 – IN NEWTON, JUST BEFORE DRIVEWAY #2344 WASHINGTON ST. (R), @ 35 YD. AFTER CONCORD ST., 14 FT. BEFORE POLE 252

MILE 17 – IN NEWTON, AT BEGINNING OF DRIVEWAY 1890 (R), 15 FT. AFTER POLE 202 (R), @ 110 YD. AFTER ENTRANCE TO WOODLAND GOLF CLUB (L)

*17.45762 MILES AT TRAFFIC SIGN POST AT CORNER OF WASHINGTON ST. AND COMMONWEALTH AVE. AT FIRE STATION (R)

9.A.

BOSTON MARATHON – MEASURED BY RAY NELSON / JUSTIN KUO 8/6,7/2014

MILE 18 – 14 FT. BEFORE CROSSWALK AT EXETER ST. (R), 3 FT. AFTER ROAD COVER IN MIDDLE OF EXETER ST.

30K – 18.64 MI. – AFTER WAUWINET RD, AT END OF #1230 COMMONWEALTH AVE. (R), 6 FT. BEFORE STORM DRAIN (R), 11 FT. BEFORE POLE ‘COM/1223’ (L)

MILE 19 – JUST BEFORE BEAUMONT AVE. (L) AT CITY HALL (R), 56 FT. BEFORE STORM DRAIN (L), 15 FT. AFTER LAMPPOST ‘COM/1063’

MILE 20 – AFTER CENTRE ST., OPPOSITE E. END OF FRONT DOOR #615 COMMONWEALTH AVE (L), 10 FT. BEFORE BEGINNING OF DRIVEWAY TO SINGLE CAR GARAGE AT E. END OF WHITE FENCE (R)

MILE 21 – IN CHESTNUT HILL, 15 FT. BEFORE FRONT DOOR TO #176 COMMONWEALTH AVE. (ENGLISH TUDOR HOUSE), 8 FT. BEFORE NO PARKING SIGN (R), 53 YD. BEFORE BEGINNING OF OLD COLONY RD. (R).

35K – 21.748 MI. – IN BRIGHTON ON COMMONWEALTH AVE., EVEN WITH SIDEWALK AT BEGINNING OF WADE ST. (R), 34 FT. AFTER LAMPPOST 1544

MILE 22 – AT BEGINNING OF CHESTNUT HILL DRIVEWAY (R), OPPOSITE RESERVOIR TOWERS (L), EVEN WITH RCN ROAD COVER (L), 3.5 FT BEFORE END OF CURB (L)

MILE 23 – IN BROOKLINE JUST BEFORE WINTHROP, 1 FT. BEFORE CROSSWALK AT #1665 BEACON ST. (NAIL PRO), EVEN WITH TRAFFIC LIGHT POST W/ SIGN ‘DO NOT ENTER, ONE WAY’ (L)

MILE 24 – IN BROOKLINE, 2.5 FT. BEFORE BEGINNING OF DRIVEWAY #1265 (R), @ 40 YD. AFTER CHARLES ST. (R)

40K – 24.85 MI. – IN BOSTON, AT #841 BEACON ST.(METAL OVERHEAD DOOR TO MIELE SHOWROOM), 34 FT. AFTER END OF MINER ST. (R), EVEN WITH ‘BWSC’ SQUARE ROAD COVER (R)

MILE 25 – ON MASS PIKE OVERPASS, 4 FT. BEFORE LAMPPOST R-17150 W/ ‘BEACON ST. / BLANSFORD ST. STEPS’ SIGNS (L)

1 MILE TO GO – AT KENMORE SQ. EVEN WITH #532 7/ELEVEN (R), 7 FT. AFTER ‘BOSTON DRAIN’ ROAD COVER (FAR R)

*631 YD. FROM CORNER OF HEREFORD / BOYLSTON AT END OF STORM DRAIN TO FINISH

MILE 26 – AT #841 BOYLSTON ST. (15 FT. AFTER E. END OF ENTRANCE / EXIT DOORS TO WALLGREENS PHARMACY) (L), 4 FT. BEFORE ‘GAS’ SMALL SQUARE ROAD COVER (L)

9.A.

Boston Marathon Course Infrastructure BROOKLINE

Mile Marker	Group	Location	Side of Road
22.6	Vendor Toilets	On Strathmore Rd @ Beacon St After Cleveland Circle	RIGHT
22.8	Medical	Dean Rd & Beacon St On Dean Rd	RIGHT
23.1	Medical	On Beacon St After Washington St In first parking cut out on Left	LEFT
23.1	Water	On Beacon St After Washington St In front of 1601 Beacon St	RIGHT
23.5	Athlete Toilets	On Beacon St Before Fairbanks St In Parking spaces on Left	LEFT
23.9	Medical	Coolidge Corner On Harvard St @ Beacon St	RIGHT
24.1	Water	On Beacon St @ 1211 Beacon After St Paul St, Before Marshal St	RIGHT
24.3	Medical	On Beacon St At Corner of Kent St	RIGHT
	Med Sweep Bus	Brookline High School Fields Across from Brookline Hills T-Station Parking Lot BROOKLINE	



Boston Athletic Association

185 DARTMOUTH STREET, 6th FLOOR, BOSTON, MASSACHUSETTS 02116
617.236.1652 www.baa.org

Designated pedestrian crossings will be staffed and controlled by race officials and volunteers during the time Beacon Street is closed. These crossings are located at:

- Beacon @ Tappan
- Beacon @ Webster
- Beacon @ Hawes

Pedestrian access to these designated crossings will be permitted only if there is no danger/obstruction to race participants.



9.A.

Page 1 of 1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/08/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com																					
INSURED Boston Athletic Association 185 Dartmouth Street, 6th Floor Boston, MA 02116	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td colspan="2">INSURER A: National Casualty Company</td><td>11991</td></tr><tr><td colspan="2">INSURER B:</td><td></td></tr><tr><td colspan="2">INSURER C:</td><td></td></tr><tr><td colspan="2">INSURER D:</td><td></td></tr><tr><td colspan="2">INSURER E:</td><td></td></tr><tr><td colspan="2">INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: National Casualty Company		11991	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: W21601058

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		6L-KKO-00000088674-00	06/30/2021	06/30/2022	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY	Y		6L-XKO-00000088675-00	06/30/2021	06/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
						\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	Y		6L-XKO-00000088675-00	06/30/2021	06/30/2022	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is Additional Insured with respects the B.A.A. Half Marathon and B.A.A. Boston Marathon and all related events. Coverage is Primary and Non-contributory, Umbrella/Excess Follows Form.

CERTIFICATE HOLDER

CANCELLATION

Town of Brookline Brookline Selectmen 333 Washington Street Brookline, MA 02446	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Jula M Powers</i></p>
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BATCH: 2159495

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**Boston Athletic Association Cities and Towns Program
2022 Agreement**

Whereas, the Boston Athletic Association ("the B.A.A.") has established the Cities and Towns Program ("Program") and the Town of Brookline is a member of the Program ("the Program Member"), pursuant to the terms and conditions set forth herein:

I. The Program

- a. The Program will provide each Program Member with a specified number of invitational entries into the 2022 Boston Marathon ("the Entries") for distribution to residents, government agencies and registered 501(c)(3) organizations of that particular city or town at the discretion of the Program Member. No additional Entries will be made available to the Program Member.
- b. It is expected that, through its own and the B.A.A.'s promotional activities, the Program Member will be able to promote the program and recruit individuals to enter the Marathon using the Program Member's allotment of Entries (each, "an Entrant"). For purposes of clarity, each Entrant will be required to register for the Marathon; pay all applicable Marathon processing and entry fees charged by the B.A.A. in connection with registering for the Marathon ("the Marathon fees"); and agree to all waivers and terms and conditions required by B.A.A. for the 2022 Boston Marathon, including but not restricted to the following – an Entrant will not begin the Boston Marathon prior to the official start time, an Entrant will not behave in a manner which, in the judgement of the race officials, interferes with race operations or other participants; an Entrant will not reproduce or transfer his/her official bib number. Any violation of these terms and conditions will result in disqualification of the Entrant.
- c. The Program Member will not allow or encourage individuals to participate in the Boston Marathon as unofficial or "bandit" runners, including entering the course at any location to run in support of or to aid official entrants.
- d. Any training or meetings on the Boston Marathon course planned by the Program Member prior to April 18, 2022 are not supported by the Boston Athletic Association and are the sole responsibility of the Program Member.
- e. The Program Member will not secure space or allow or encourage their Entrants to gather in Hopkinton pre-race on April 18, 2022.
- f. The Program Member will comply with all protocols and procedures related to COVID-19 mitigation and public health for the 2022 Boston Marathon including but not limited to the following:
 - i. Entrants will need to provide proof of vaccination prior to participating in the April 18, 2022 race. To be considered fully vaccinated entrants must have completed a vaccination series of a World Health Organization-certified vaccine prior to bib number pick up (Friday, April 15). Any registered entrant who cannot provide proof of vaccination will not be allowed to participate in the race. Entries will not be deferred, refunded, or transferred to a future race. Requests for a medical exemption will be reviewed individually.

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II. Term

- a. This agreement is valid for the 2022 Program only.

III. The Program Member's Commitment

- a. The Program Member will make best efforts to recruit Entrants by use of its own communications vehicles. The Entries may be distributed to residents, government agencies and registered 501(c)(3) organizations of that particular city or town at the discretion of the Program Member. The Entries cannot be offered for auction, sale, and/or as awards by the Program Member and/or by the residents, government agencies and registered 501(c)(3) organizations who receive the Entries from the Program Member. Once the Entries are distributed to residents, government agencies and registered 501(c)(3) organizations of that particular city or town at the discretion of the Program Member, they cannot be transferred to another party.
- b. The Program Member understands that the B.A.A. has set up the Program as a means to support the marathon communities in a meaningful way by providing the opportunity for residents and government agencies from that particular city or town to participate in the marathon and for approved tax-exempt organizations within that city or town to raise awareness and funds for their charitable cause(s) through the Boston Marathon. Further the Organization understands that the Program is not a sponsorship program and does not provide the Program Member the opportunity to obtain third party sponsors for the Marathon.
- c. All Entries must be submitted to the B.A.A. no later than Thursday, February 10, 2022. No substitutions will be made once an application has been processed and the Entry Deadline will be strictly enforced.
- d. The Program Member will submit a report detailing the process by which the Entries were distributed and a list of the residents, government agencies and registered 501(c)(3) organizations of that particular city or town who received the Entries by email to Nicole Juri (njuri@baa.org) no later than Friday, January 28, 2022.
- e. The Program Member will submit a report detailing the total fundraising achieved and the initiatives supported through their Entries by email to Nicole Juri (njuri@baa.org) no later than Friday, May 20, 2022.

IV. Non-Qualified Para Athletes

The Program Member is responsible for ensuring that any Entrant who intends to apply for a Para Athletics Division or Adaptive Program of the Boston Marathon abides by the below policies:

- a. Impairment Eligibility
 - i. Adaptive Program: To be considered for entry into the Adaptive Program of the Boston Marathon, the individual must possess an eligible impairment recognized by World Para Athletics, the governing

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body of the sport of Para Athletics. Applicants must provide impairment documentation at time of registration or have documentation already on file with the B.A.A. Para sport classification may be used in lieu of documentation but is not required.

- ii. Para Athletics Divisions: Athletes who wish to apply for entry into a Para Athletics Division must hold a national or international (WPA) Para athletics classification. Performance standards also apply for all applicants.
- b. Non-Qualified Runners with Eligible Impairments Entry Procedure
- i. Adaptive Program: Non-qualified runners who possess an eligible physical, visual, or intellectual impairment and who wish to apply for the Adaptive Program using an invitational entry may apply at time of registration up to February 10, 2022, the entry deadline.
 - ii. Para Athletics Divisions: As a competitive division of the Boston Marathon, the Para Athletics Division for classified athletes is reserved for qualified entrants only. The B.A.A. reserves the right and has the sole discretion to extend invitations to eligible classified athletes who have met a comparable performance standard at other race distances during the qualifying window.
 - iii. All participants must be able to complete the entire marathon course (26.2 miles) in 6 hours or less (6:00:00).
- c. Guide and Support Runners
- i. Runners who possess a physical or intellectual impairment and who are accepted into the Adaptive Program for Runners may be accompanied by one (1) Support Runner on the marathon course.
 - ii. Runners who possess a vision impairment and who have been accepted into the Adaptive Program for Runners may be accompanied by one (1) or two (2) Guide Runners on the marathon course.
 - iii. It is the athlete's responsibility to select his or her Guide or Support Runner.
 - iv. The Organization may not select or assign a Guide or Support Runner for the athlete.
 - v. Guide and Support Runner selection may not include financial contingencies including but not limited to the requirement or expectation that the individual will fundraise for the Organization.
 - vi. The athlete will be emailed instructions on how to register his/her Guide or Support Runner approximately forty-five (45) days before the race.
 - vii. Athlete and Guide/Support Runner must abide by all Guide/Support Runner rules and policies.
- d. Non-Qualified Wheelchair Division Entry Procedure
- i. Non-qualified athletes seeking entrance into the Wheelchair Division with an invitational entry may apply if all of the following are true:
 - 1. The athlete meets the impairment eligibility criteria for the division, and
 - 2. There is space remaining in the division when the applicant registers, and
 - 3. The athlete has met the minimum performance standard of 4 hours (4:00:00) on a certified marathon course

9.A.

during the qualifying window (September 1, 2019 – November 12, 2021) or has demonstrated comparable fitness at other race distances as determined by the B.A.A.

- ii. For safety reasons, the B.A.A. reserves the right to establish, update, or revise a minimum performance standard of 4 hours (4:00:00) and/or require documentation of adequate fitness and racing experience for non-qualified invitational entrants to ensure such participants can competently and safely complete the marathon distance in a racing wheelchair.
- e. Non-Qualified Handcycle Program Entry Procedure
 - i. Non-qualified athletes seeking entrance into the Handcycle Program with an invitational entry may apply if all of the following are true:
 - 1. The athlete meets the impairment eligibility criteria for the program, and
 - 2. There is space remaining in the program when the applicant registers, and
 - 3. The athlete has met the minimum performance standard of 3 hours (3:00:00) on a certified marathon course during the qualifying window (September 1, 2019 – November 12, 2021) or has demonstrated comparable fitness at other race distances as determined by the B.A.A.
 - ii. For safety reasons, the B.A.A. reserves the right to establish, update, or revise a minimum performance standard of 3 hours (3:00:00) and/or require documentation of adequate fitness and racing experience for non-qualified invitational entrants to ensure such participants can competently and safely complete the marathon distance in a handcycle.
- f. Non-Qualified Duo Team Program Entry Procedure
 - i. Non-qualified athletes seeking entrance as a Duo Team with an invitational entry may apply if all of the following are true:
 - 1. The duo rider meets the impairment eligibility criteria for the program, and
 - 2. The duo team has competed as a team and has met the minimum performance standard of 6 hours (6:00:00) on a certified marathon course during the qualifying window (September 1, 2019 – November 12, 2021).
 - 3. The duo team (or charity coordinator if applicable) must contacts the B.A.A. at paraathletes@baa.org to enter the pool of non-qualified eligible duo teams by January 7, 2022.
 - ii. A minimum of two spots will be reserved for eligible duo teams seeking event entry via a non-qualified invitational entry.
 - iii. If there are more eligible duo teams than available spots, the B.A.A. will fill remaining spots using a random selection process from the pool of eligible non-qualified duo teams no later than January 14, 2022. All duo teams must have achieved the minimum performance standard during the current qualifying window (September 1, 2019 – November 12, 2022) in order to be eligible for consideration.

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g. Request for Accommodation

- i. Non-qualified runners who do not meet the impairment eligibility criteria for the Adaptive Program may still apply as an open runner. Any registered participant who possesses a bona fide disability pursuant to the Americans with Disabilities Act may submit a request for an accommodation in writing to the B.A.A. by email to paraathletes@baa.org no less than 8 weeks prior to race day for consideration. Requests are evaluated on an individual, case-by-case basis.

V. Use of Names and Marks

- a. Any mention or reference to the Program Member's membership in the Boston Athletic Association's Cities and Towns Program on the Program Member's website, social media, print media and press releases must be submitted to the B.A.A. for preprinting approval at least 7 days prior to use. The request should be made by email to Nicole Juri (njuri@baa.org). The B.A.A. agrees that it will not unreasonably withhold or delay approval where the proposed use is consistent with the terms and with the purpose of this agreement.

VI. Miscellaneous

- a. The B.A.A. designates Nicole Juri (Phone Number: 617.778.1607; Email: njuri@baa.org) as the contact to receive information from the Organization regarding the Program.
- b. This Agreement may be not modified and/or amended by the Program Member other than by a writing signed by both parties, nor may it be assigned by the Program Member, except pursuant to such a writing or by reason of operation of law upon the merger or other consolidation of a party with, or sale of all or substantially all of the assets of a party, to a third party. If an assignment occurs, either by written agreement or operation of law, such assignment will not relieve the assigning party of its liabilities or obligations under the Agreement. The Agreement is binding upon successors and assigns of the parties.
- c. The Agreement will be governed by and construed under Massachusetts law, without reference to conflict of law principles. Any action or proceeding for the enforcement or interpretation of the Agreement must be brought and maintained in a court having subject matter jurisdiction located in the Commonwealth of Massachusetts, and each party hereby submits to the exclusive jurisdiction of such court, waives any claim that such court is an inconvenient forum, and agrees to accept service of pleadings in any such action or proceeding if delivered personally or by first class mail at its address listed above.

9.A.

In witness whereof, the undersigned has read and agrees to the terms and conditions set forth above.

Program Member Name: _____

Signed By: _____

Name: _____

Title: _____

Date: _____

Initial_____

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PURCHASE AND SALE AGREEMENT

1. PARTIES AND MAILING ADDRESSES: This _____ day of _____ 2022, **TOWN OF BROOKLINE**, with an address of 333 Washington Street, Brookline, Massachusetts 02445, hereinafter referred to as the SELLER, agrees to SELL and **YANZHI YU AND YUAN LIN**, with an address of 7861 Michigan Drive, Citrus Heights, California, 95610, hereinafter referred to as the BUYER (SELLER and BUYER are sometimes hereinafter collectively referred to as "the Parties"), agrees to BUY, upon the terms hereinafter set forth, the following described Premises:

2. DESCRIPTION: **Unit No. 19** (the "Unit") of 15-19 Oak Street Condominium (the "Condominium") created pursuant to Chapter 183A of the Massachusetts General Laws (the "Act") by Master Deed dated January 30, 2006, and recorded with the Norfolk Registry of Deeds at Book 23353, Page 210 (the "Master Deed"), together with (a) an undivided **33** percentage interest in both the common areas and facilities of the Condominium and the organization of unit owners through which the Condominium is managed and regulated, (b) the exclusive right to use the parking space and storage area, if any, assigned to the Unit, and (c) such other rights and easements appurtenant to the Unit as may be set forth in any document governing the operation of the Condominium, including without limitation the Master Deed, the By-Laws of the organization of unit owner, and any administrative rules and regulations adopted pursuant thereto (all of which are hereinafter referred to as the "Condominium Documents"). The above described Premises are those conveyed to the SELLER by deed dated January 28, 2019 and recorded at the Norfolk County Registry of Deeds in Book 36589, Page 416 (the "Premises").
The mailing address is 19 Oak Street, Brookline, MA 02467

3. BUILDINGS, STRUCTURES, IMPROVEMENTS, FIXTURES: Included in the sale as a part of said Premises are the buildings, structures, and improvements now thereon, and the fixtures used in connection therewith including, if any, all wall-to-wall carpeting, drapery rods, automatic garage door openers, venetian blinds, window shades, screens, screen doors, storm windows and doors, awnings, shutters, furnaces, heaters, heating equipment, stoves, ranges, oil and gas burners and fixtures appurtenant thereto, hot water heaters, plumbing and bathroom fixtures, garbage disposers, electric and other lighting fixtures, mantels, outside television antennas, fences, gates, trees, shrubs, plants, as of the date of the BUYER'S inspection. And specifically including: washer, dryer, oven range, dishwasher, refrigerator, built in microwave, and built in gas fireplace

4. TITLE DEED: Said Premises are to be conveyed by a good and sufficient quitclaim deed running to the BUYER, or to the nominee designated by the BUYER by written notice to the SELLER at least seven days before the deed is to be delivered as herein provided, and said deed shall convey a good and clear record and marketable title thereto, free from encumbrances, except:
 - (a) Provisions of existing building and zoning laws;
 - (b) Such taxes for the then current year as are not due and payable on the date of the delivery of such deed;
 - (c) Any liens for municipal betterments assessed after the date of the delivery of such deed; and

10.A.

- (d) The provisions of the Act and the Condominium Documents including without limitation all obligations of the unit owners to pay a proportionate share of the common expenses of the Condominium
- (e) All restrictions, easements and encumbrances referred to in the Condominium Documents;
- (f) Easements, restrictions and reservations of record, if any, so long as the same do not prohibit or materially interfere with the current use of said Premises as a residential condominium unit.

5. PLANS: If said deed refers to a plan necessary to be recorded therewith the SELLER shall deliver such plan with the deed in form adequate for recording or registration.
6. REGISTERED TITLE: In addition to the foregoing, if the title to said Premises is registered, said deed shall be in form sufficient to entitle the BUYER to a Certificate of Title of said Premises, and the SELLER shall deliver with said deed all instruments, if any, necessary to enable the BUYER to obtain such Certificate of Title.
7. PURCHASE PRICE: The agreed purchase price for said Premises is One million, five hundred ninety thousand dollars (\$1,590,000), of which

\$ 5,000	have been paid this date with the Offer to Purchase;
\$ 0	has been paid as an additional deposit;
\$ 1,585,000	are to be paid at the time of delivery of the deed
	by wire transfer to an account designated by the SELLER.
\$ 1,590,000	<hr/> TOTAL

8. CLOSING COSTS: The costs attributed to the Closing of the Property shall be the responsibility of the BUYER, with the exception of those costs listed in Section 39 on Rider A to this transaction. The fees and costs related to the Closing shall include a title search (including the abstract and any owner's title policy), recording fees, and any other costs by the title company that is in standard procedure with conducting the purchase of a property in Greater Boston area.
9. BANK FINANCING: The BUYER's ability to purchase the Property is contingent upon the BUYER's ability to obtain financing through a conventional or other institutional loan:

In order to help finance the acquisition of said premises, the BUYER shall apply for a conventional bank or other institutional mortgage loan of up to \$954,000.00, at prevailing rates, terms and conditions. If despite the BUYER'S diligent efforts a firm, written commitment for such loan subject only to reasonable conditions within BUYER's direct control to timely satisfy, cannot be obtained on or before 2/9/2022 the BUYER may terminate this agreement by written notice to the SELLER, prior to the expiration of such time, whereupon any payments made under this agreement shall be forthwith refunded to BUYER, and all other obligations of the parties hereto shall cease and this agreement shall be void without recourse to the parties hereto. In no event will the BUYER be deemed to have used diligent efforts to obtain such commitment unless the BUYER submits a complete mortgage loan application conforming to the foregoing provisions within three (3) business days of BUYER receiving a fully executed copy of this Agreement from SELLER. BUYER shall not be required to submit more than one (1) mortgage

loan application to be deemed to have used diligent efforts in accordance with the terms of this provision.

10. SALE OF ANOTHER PROPERTY: BUYER's performance under this Agreement shall not be contingent upon selling another property.
11. TIME FOR PERFORMANCE; DELIVERY OF DEED: Such deed is to be delivered by ____ o'clock P.M. on the 16 day of February 2022, at the Closing Attorney's office in Newton, MA, unless otherwise agreed upon in writing. It is agreed that time is of the essence of this agreement.
12. POSSESSION AND CONDITION OF PREMISES: BUYER shall obtain possession and occupancy of the Property at Closing. Furthermore, the Property shall be free of all tenants and occupants as well as debris, and all personal property not listed in this Agreement. SELLER is to transfer possession of the Property in the same condition as of the time of BUYER's home inspection, excepting as otherwise agreed by Seller and Buyer and reasonable wear and tear. Said premises to be then (a) in the same condition as of the time of BUYER's inspection, reasonable use and wear thereof excepted, and (b) not in violation of said building and zoning laws, and (c) in compliance with the provisions of any instrument referred to in clause 4 hereof and all other terms/conditions of this Agreement. The BUYER shall be entitled personally to enter said premises prior to the delivery of the deed in order to determine whether the condition thereof complies with the terms of this clause and Agreement.
13. SELLER'S INDEMNIFICATION: Except as otherwise stated in this Agreement, after recording, the BUYER shall accept the Property AS IS, WHERE IS, with all defects, latent or otherwise. Neither SELLER nor their licensed real estate agent(s) or any other agent(s) of the SELLER, shall be bound to any representation or warranty of any kind relating in any way to the Property or its condition, quality or quantity, except as specifically set forth in this Agreement or any property disclosure, which contains representations of the SELLER only, and which is based upon the best of the SELLER's personal knowledge.
14. ACCEPTANCE OF DEED: The acceptance and recording of a deed by the BUYER or his nominee as the case may be, shall be deemed to be a full performance and discharge of every agreement and obligation herein contained or expressed, except such as are, by the terms hereof, to be performed after the delivery of said deed.
15. ADJUSTMENTS: Taxes for the then current fiscal year and common expenses for the then current month shall be apportioned, as of the day of performance of this agreement and the net amount thereof shall be added to or deducted from, as the case may be, the purchase price payable by the BUYER at the time of delivery of the deed.
16. ADJUSTMENT OF UNASSESSED AND ABATED TAXES: If the amount of said taxes is not known at the time of the delivery of the deed, they shall be apportioned on the basis of the taxes assessed for the preceding fiscal year, with a reapportionment as soon as the new tax rate and valuation can be ascertained; and, if the taxes which are to be apportioned shall thereafter be reduced by abatement, the amount of such abatement, less the reasonable cost of obtaining the

same, shall be apportioned between the parties, provided that neither party shall be obligated to institute or prosecute proceedings for an abatement unless herein otherwise agreed.

17. BUYER'S DEFAULT; DAMAGES: If the BUYER shall fail to fulfill the BUYER'S agreements herein, all deposits made hereunder by the BUYER shall be retained by the SELLER as liquidated damages which shall be SELLER's sole and exclusive remedy at law or in equity for any default by BUYER.
18. LIABILITY OF TRUSTEE, SHAREHOLDER, BENEFICIARY, ETC.: If the SELLER or BUYER executes this agreement in a representative or fiduciary capacity, only the principal or the estate represented shall be bound, and neither the SELLER or BUYER so executing, nor any shareholder or beneficiary of any trust, shall be personally liable for any obligation, express or implied, hereunder.
19. WARRANTIES AND REPRESENTATIONS: The BUYER acknowledges that the BUYER has not been influenced to enter into this transaction nor has he relied upon any warranties or representations not set forth or incorporated in this agreement or previously made in writing, except for the following additional warranties and representations, if any, made by either the SELLER or the Brokers: NONE, other than those set forth in this Purchase and Sale Agreement and any Riders/Addendums attached hereto and incorporated herewith.
20. CONSTRUCTION OF AGREEMENT: This instrument, executed in multiple counterparts, is to be construed as a Massachusetts contract, is to take effect as a sealed instrument, sets forth the entire contract between the parties, is binding upon and enures to the benefit of the parties hereto and their respective heirs, devisees, executors, administrators, successors and assigns, and may be cancelled, modified or amended only by a written Instrument executed by both the SELLER and the BUYER. If two or more persons are named herein as BUYER their obligations hereunder shall be joint and several. The captions and marginal notes are used only as a matter of convenience and are not to be considered a part of this agreement or to be used in determining the intent of the parties to it.
21. LEAD PAINT LAW: The parties acknowledge that, under Massachusetts law, whenever a child or children under six years of age resides in any residential Premises in which any paint, plaster or other accessible material contains dangerous levels of lead, the owner of said Premises must remove or cover said paint, plaster or other material so as to make it inaccessible to children under six years of age.
22. SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS: The SELLER shall, at the time of the delivery of the deed, deliver an original unexpired certificate from the fire department of the city or town in which said Premises are located stating that said Premises have been equipped with approved smoke detectors and carbon monoxide detectors in conformity with applicable law.
23. EXTENSION TO PERFECT TITLE OR MAKE PREMISES CONFORM:

If the SELLER shall be unable to give title or to make conveyance, or to deliver possession of the premises, all as herein stipulated, or if at the time of the delivery of the deed the premises do not conform with the provisions hereof, then the SELLER shall use reasonable efforts to remove any defects in title, or to deliver possession as provided herein, or to make the said premises conform to the provisions hereof, as the case may be, in which event the time for performance hereof shall

be extended for a period of up to thirty (30) calendar days. In the event SELLER elects to extend pursuant to the provisions of this Paragraph and such extension negatively impacts BUYER's mortgage, the thirty (30) calendar day right to extend shall be reduced to one (1) business day before BUYER's rate lock or commitment expiration deadline. In addition, in the event SELLER elects to extend pursuant to the provisions of this Paragraph, SELLER shall notify BUYER in writing once title has been cleared and the Parties shall close on a mutually acceptable day within a reasonable time thereafter.

24. FAILURE TO PERFECT TITLE OR MAKE PREMISES CONFORM, etc.:

If at the expiration of the extended time the SELLER shall have failed so to remove any defects in title, deliver possession, or make the premises conform, as the case may be, all as herein agreed, or if at any time during the period of this agreement or any extension thereof, the holder of a mortgage on said premises shall refuse to permit the insurance proceeds, if any, to be used for such purposes, then any payments made under this agreement shall be forthwith refunded and all other obligations of the parties hereto shall cease and this agreement shall be void without recourse to the parties hereto unless the BUYER elects to accept title in accordance with Paragraph 25 below.

25. BUYER'S ELECTION TO ACCEPT TITLE

The BUYER shall have the election, at either the original or any extended time for performance, to accept such title as the SELLER can deliver to the said premises in their then condition and to pay therefore the purchase price without deduction, in which case the SELLER shall convey such title, except that in the event of such conveyance in accord with the provisions of this clause, if the said premises shall have been damaged by fire, vandalism or any other casualty, whether or not insured against, or in the event of a taking of all or a part of the Premises by eminent domain, then at BUYER's option, the Deposit made under this Agreement shall be refunded to BUYER and all other obligations of the Parties hereto shall cease and this Agreement shall be void without recourse to either Party.

26. INSURANCE

Until the delivery of the deed, the SELLER shall maintain insurance on said premises as follows:

Type of Insurance		Amount of Coverage
(a)	a. Fire and Extended Coverage	*\$ *As presently insured
	b.	*\$

All risk of loss shall remain with the SELLER until the deed to BUYER is recorded with the Suffolk District Registry of Deeds

At least seven (7) calendar days before the time of the delivery of the deed or upon written request from BUYER, the SELLER shall deliver to the BUYER a certificate of the Condominium insurance referred to in this Paragraph as then in effect. The procuring of any supplemental insurance shall be at the option and sole expense of the BUYER.

27. BROKER'S FEE

A Broker's fee for professional services as per listing agreement is due from SELLER to listing agent Jesse Gustafson – Unlimited Sotheby's International Realty and Buyer's agent **Dreammega Realty** if, as and when deed is duly recorded and full consideration is paid, and not otherwise.

28. BROKER(S) WARRANTY

10.A.

The Broker(s) named herein, Jesse Gustafson – Unlimited Sotheby's International Realty and **Dreammega Realty** warrant(s) that the Broker(s) is (are) duly licensed as such by the Commonwealth of Massachusetts.

29. DEPOSIT

All deposits made hereunder shall be held in escrow by Brookline Town Treasurer's office as escrow agent, in an FDIC insured non-interest bearing account with the interest divided equally between the parties, subject to the terms of this agreement and shall be duly accounted for at the time for performance of this agreement. In the event of any disagreement between the parties, the escrow agent shall retain all deposits made under this agreement pending instructions mutually given in writing by the SELLER and the BUYER or by final order from a court of competent jurisdiction.

30. ADDITIONAL PROVISIONS

At the time of delivery of the deed, the Seller shall deliver to the Buyer a statement from the organization of unit owners in recordable form and setting forth in accordance with Section 6(d) of the Act, that there are no outstanding common expenses assessed against the Unit as of the time of closing or through the end of month in which the closing takes place.

Rider A is attached hereto and incorporated by reference. If any provision in the Riders conflicts in any way with any other provision in Paragraphs One (1) through Twenty-Six (26), inclusive of this Agreement or with any addenda or exhibits hereto, the provision contained in the Riders shall control.

FOR RESIDENTIAL PROPERTY CONSTRUCTED PRIOR TO 1978, BUYER MUST ALSO
HAVE SIGNED
LEAD PAINT "PROPERTY TRANSFER NOTIFICATION CERTIFICATION

NOTICE: This is a legal document that creates binding obligations. If not understood, consult an attorney.

SELLER

Town of Brookline

[David Geanakakis acting as Chief Procurement Officer on behalf of Town of Brookline.]

David Geanakakis declares with their above-signature that they hold the legal power and authority to act on behalf of the Town of Brookline in this matter.

BUYER, Yanzhi Yu and Yuan Lin



TOWN OF BROOKLINE
Massachusetts
DEPARTMENT OF PUBLIC WORKS
 PARKS AND OPEN SPACE DIVISION

Erin Chute Gallentine
 Commissioner

Alexandra Vecchio
 Director

TO: Select Board

FROM: Thomas Brady, Tree Warden/Town Arborist ^{TB}

DATE: January 27, 2022

RE: 614 Hammond Street: Tree Removal Request

Per Massachusetts General Law Chapter 87, Section 1, a Public Shade Tree is defined as:

"All trees within a public way or on the boundaries thereof including trees planted in accordance with the provisions of section 7 shall be public shade trees..."

In accordance with this definition, the tree located in the public way in front of 614 Hammond Street is classified as a Public Shade Tree.

On December 9, 2021, representatives of the 614 Hammond Street property submitted a request to the Brookline Department of Public Works, Conservation Office that the tree be removed. MGL Chapter 87, Section 3 states in part:

"Except as provided by section five, public shade trees shall not be cut, trimmed or removed, in whole or in part, by any person other than the tree warden or his deputy, even if he be the owner of the fee in the land on which such tree is situated, except upon a permit in writing from said tree warden, nor shall they be cut down or removed by the tree warden or his deputy or other person without a public hearing..."

A duly posted public hearing for the removal of the tree was held on January 13, 2022 at 5:00 PM at Brookline Town Hall. Rachna D. Balakrishna, Esq. of Mason & Murphy Inc. and Sean Sanger of Copley Wolff Design Group were present at this hearing to communicate the property owner's desire to have the tree removed in anticipation that ongoing construction efforts to construct a multi-family dwelling may damage the root zone of the existing tree. As compensation for the removal of the tree in question, Mr. Sanger stated that the property owner will be planting additional trees along the edge of the lot. Several members of the public were present to voice their opposition to the removal of the tree. Attached to this memo are their statements.

11.A.

As set forth in MGL Chapter 87, Section 4, if an objection is made in writing, the tree must remain unless the objection is overruled by the Select Board:

"Tree wardens shall not cut down or remove or grant a permit for the cutting down or removal of a public shade tree if, at or before a public hearing as provided in the preceding section, objection in writing is made by one or more persons, unless such cutting or removal or permit to cut or remove is approved by the selectmen or by the mayor."

In accordance with Section 4, the removal of the tree by the Tree Warden was prohibited due to the submission of four written objections. As such, the hearing has been brought to the Select Board for your review.

This situation is one which presents itself once or twice a year, when homeowners seek to modify and develop their properties. As the Tree Warden, I have found a variety of solutions to address these issues which involve slight adaptations to the project and/or the utilization of construction methods to mitigate the impact on Public Shade Trees and their roots.

Each time a possible conflict arises, we look at the specific tree in question. This particular tree is a 34" Quercus rubra, or Northern Red Oak. The oak has an appropriate amount of dieback in relation to the age and location of this specific public shade tree, however it has no cracks, fruiting bodies, or signs of significant decay. As outlined in the Town's Urban Forest Climate Resiliency Master Plan, large trees in Town provide exponentially more benefits than smaller trees, and the tree in question could continue to provide valuable benefits to the community for the next 15-20 years.

I feel the tree in question should remain. I agree with the points made in the attached letters of opposition: this tree is a valuable, important asset to the neighborhood. I empathize with the owners' situation, but would note that the tree was present when the decision was made to purchase the property and when the construction plans were developed. Simply buying new immature trees and planting them on the property will not replicate the loss of the tree if it is approved for removal.

Please feel free to reach out with any questions or concerns you may have. I look forward to discussing this matter with the Select Board.



TOWN OF BROOKLINE
Massachusetts
DEPARTMENT OF PUBLIC WORKS
 PARKS AND OPEN SPACE DIVISION

Erin Chute Gallentine
 Commissioner

Alexandra Vecchio
 Director

January 14, 2022

Rachna D. Balakrishna, Esq.
 Mason & Murphy Inc.
 166 Harvard Street
 Brookline, MA 02446

Dear Ms. Balakrishna,

As required by Massachusetts General Law, Chapter 87, a public hearing was held yesterday, January 13, 2022 at 5:00 PM to discuss the requested removal of a 34" DBH *Quercus rubra* (Red Oak) located at 614 Hammond Street. Prior to the close of the hearing at 5:35 PM, our office received four written objections to the removal of the tree (enclosed here for your review).

M.G.L, Chapter 87 Section 4 states: "*Tree Wardens shall not cut down or remove or grant a permit for the cutting down or removal of a public shade tree if, at or before a public hearing as provided in the preceding section, objection in writing is made by one or more persons, unless such cutting or removal or permit to cut or remove is approved by the selectmen or by the mayor.*" In accordance with the law, your request to remove the *Quercus rubra* (Red Oak) has been denied.

If you have any questions or comments, please do not hesitate to call our office at (617) 730-2088.

Sincerely,

Thomas D. Brady
 Tree Warden

Cc: Sean Sanger, Copley Wolff Design Group
 Erin Gallentine, Commissioner of Public Works
 Alexandra Vecchio, Director of Parks and Open Spaces

11.A.

From: [Hugh Mattison](#)
To: [Tom Brady](#)
Cc: [Katie Weatherseed](#)
Subject: Street Tree Removal at 614 Hammond St.
Date: Thursday, January 13, 2022 5:24:30 PM

Tom,

I request that the request for removal of a public shade tree at 614 Hammond Street be denied.

This is a significant 34" DBH Red Oak that provides shade and other environmental benefits and should be preserved.

Thank you,

Hugh Mattison, TMM5 and Chair, Tree Plantinf Committee

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11.A.

From: [Templer, Pamela H](#)
To: [Katie Weatherseed](#); [Tom Brady](#)
Subject: Re: Hammond Street Tree Removal Hearing
Date: Thursday, January 13, 2022 5:18:06 PM

Dear Katie and Tom,

I'm writing to request that the tree at 614 Hammond Street not be cut.

Thank you,

Pam

11.A.

From: [Elizabeth Erdman](#)
To: [Tom Brady](#); [Katie Weatherseed](#)
Subject: Support for retaining tree at 614 Hammond Street
Date: Thursday, January 13, 2022 5:21:17 PM

Hi Tom and Katie,

I am a resident and member of the Tree Planting and Tree Protection Committee's . I would like to state my opinion that the benefits of the tree at 614 Hammond Street significantly outweigh the risk of falling branches it presently presents. The tree provides shade for pedestrians in an area with nearly nonexistent canopy, and will assist new trees establish themselves in the development being planned in the lot beside the tree.

thank you,
Liz

[Elizabeth Erdman](#)

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From: [Peter Jutras](#)
To: [Katie Weatherseed](#)
Subject: Tree removal
Date: Thursday, January 13, 2022 5:28:19 PM

I Peter Jutras object to the removal of the red oak tree on Hammond st.

Sent from my T-Mobile 5G Device
Get [Outlook for Android](#)

Mason and Murphy Hammond St Tree Preservation Report | 2020



Submitted by:
Bartlett Tree Experts

Timothy Armstrong, Regional Inventory Arborist

ISA Board Certified Master Arborist #NE-7132B, Massachusetts Certified Arborist #2464,
ISA Tree Risk Assessment Qualified, Certified Treecare Safety Professional #953

John Murphy, Arborist Representative

ISA Certified Arborist #NE-6490A, ISA Tree Risk Assessment Qualified,
Certified Treecare Safety Professional #03182



Bartlett Tree Experts
Waltham Office
50 Bear Hill Road
Waltham, Massachusetts 02451
(781) 622-5980 www.bartlett.com

Assignment:

On June 13, 2020 the 34 inch DBH red oak (*Quercus rubra*) located in front of 614 Hammond St, Brookline, MA was evaluated by Timothy Armstrong for suitability for preservation during and after pending development.

Summary:

It is my professional opinion that this tree is in poor condition prior to any activities related to the development of the site at 614 Hammond St, Brookline. The tree exhibits significant decline, which I believe to be irreversible. I do not believe that the tree would survive the construction at 614 Hammond despite any and all preservation methods implemented.

Observations:

- Planted in tree pit ~4'x8'
- No readily available rooting zone outside of sidewalk (see attached photos)
- Uniform dieback throughout canopy (see attached photos)
- Dead branches up to ~7" diameter
- Large wound on stem facing street (see attached photos)

Discussion:

This is an over mature red oak. There is significant and uniform dieback in the upper canopy, extensive formation of stem sprouts, as well as a large wound on the trunk facing Hammond St. There is very little available rooting space for a tree of this size, as it is planted in an 8'x4' tree pit. The area on the opposite of the sidewalk which would in some cases allow for additional rooting volume is presently occupied by a structure with present development plans of a 20'+ footing will be excavated and poured to support a 6 story structure. Extensive excavation of this area would disturb what minimal roots must be in this area.

Certifying Statement:

I, Timothy Armstrong, certify that:

- I have personally overseen the inspection of this tree and property referred to in this report, and have stated my findings accurately. The extent of the assessment is stated in the attached report and the terms of assignment.
- I have no current or prospective interest in the vegetation or the property that is the subject of this report and have no personal interest or bias with respect to the parties involved.
- The analysis, opinions, and conclusions stated herein are my own.
- My compensation is not contingent upon the reporting of a predetermined conclusion that favors the cause of the client or any other party.

Timothy Armstrong

June 30, 2020

Appendix of photographs



Image of assessed tree; note the large dead branches and relative lack of fullness in the upper canopy.



Image of the large wound on the underside of the large leader over Hammond St.



Image of the rootzone of the tree, note the buildings immediately adjacent to the sidewalk opposite the tree.

Commission for the Arts Summary

*The maximum term commissioners can serve (per state law) is 6
and the minimum number of members required is 5 – the maximum is 22.*

Caroline Bowden - 08/31/2022 (plus 3 more years on renewal)

Betsy Frauenthal - 08/31/2020

Daniel Gostin - 08/31/2021

Donna Hollenberg - 08/31/2021

Courtney McGlynn - 08/31/2021

Peg O'Connell - 08/31/2021 (can renew for 3 more years)

Stan Trecker - 08/31/2022 (can renew for 3 more years)

Ellen Goodman applies for appointment 1.25.22

Rena Mirkin interviews for appointment 1.25.22

Elizabeth Schlosberg interviews for appointment 2.1.22

Rachel Stewart interviews for appointment 2.1.22

Bonnie Benhayon interviews for appointment 2.1.22

Anna Cowenhoven interviews for appointment 2.8.22

Andy Dean interviews for appointment 2.8.22

Online Form Submittal: Board/Commission Application Form

notifications@brooklinema.gov <notifications@brooklinema.gov>

Thu 12/30/2021 1:49 PM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	Elizabeth Schlosberg
Address	[REDACTED]
Home Phone	[REDACTED]
	[REDACTED]
Email	schlosberg.e@gmail.com
Application for specific Board/Commission?	Commission for the Arts
What type of experience can you offer this Board/Commission?	Current Chair of BHS Friends of Performing Arts (through May '22). Longtime PSB leadership volunteer in many roles that included connecting with this Commission (being a grantee representing Baker School Art Show and booking the kiosk for publicity posters for the Chamber and the Innovation Fund). Strong knowledge of Town operations. Advocate for supporting cultural activities and artists (have several in my family).
What type of issue would you like to see this Board/Commission address?	Now that my time as a PSB volunteer is coming to a close as my youngest will graduate this spring, I see room for stronger arts connections between the Town and the Schools. Maybe it's drawing upon our Town artists to do guest performances or workshops at school, or conversely seeing how the MCC grants might proactively support school-based special events, reaching out to the schools and those volunteers more directly.
Are you involved in any other Town activities?	Chair, BHS Friends of Performing Arts 2021-22; Communications Chair and Board of Advisors, BHS Innovation Fund (2018-2021); Administrative Coordinator, Brookline Chamber of Commerce (2015-2017); PTO Leader, Baker School (including Arts Council), 2009-2015.
Do you have time constraints that would limit your ability to attend one to two meetings a month?	No
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME,	<i>Field not completed.</i>

NEWSPAPER, MAGAZINE,
OR JOURNAL ARTICLE,
ETC.)

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notifications@brooklinema.gov <notifications@brooklinema.gov>

Wed 1/5/2022 12:28 PM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	Rachel Stewart
Address	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
[REDACTED]	[REDACTED]@gmail.com
Application for specific Board/Commission?	Commission for the Arts
What type of experience can you offer this Board/Commission?	I studied art history at Suffolk University (BA) and Boston University (MA). I'm currently employed at Crozier Fine Arts as the Facilities Client Services Associate. In my spare time, I enjoy crafting including sewing, crocheting, and quilting.
What type of issue would you like to see this Board/Commission address?	I want the Board to sponsor and/or commission public art installations from under-represented community members. Sculptures and window displays have the unique ability to become part of the identity of Brookline like the Love sculpture by Robert Indiana in Philadelphia or Boston's own Citgo sign. Brookline has a special small town in the big city atmosphere that should be reflected in local art, music, and culture
Are you involved in any other Town activities?	Besides being generally involved in my close-knit group of neighbors, I enjoy going to Brookline community events like the Coolidge Corner Farmers' Market and the Porchfest
Do you have time constraints that would limit your ability to attend one to two meetings a month?	I work full time 9-5 Monday through Friday in Somerville. My evenings are available but I need time to commute.
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	<i>Field not completed.</i>

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notifications@brooklinema.gov <notifications@brooklinema.gov>

Thu 1/6/2022 1:59 PM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	Bonita (Bonnie) Benhayon
Address	[REDACTED]
Home Phone	[REDACTED]
[REDACTED]	[REDACTED]
Email	[REDACTED]@gmail.com
Application for specific Board/Commission?	Commission for the Arts
What type of experience can you offer this Board/Commission?	I am currently the Board Chair for the BBB Wise Giving Alliance, a national standards based evaluator of non-profits, I was also a founding board member of Milagros para Ninos for Children's so I have board experience. I managed Bank of America's long-term sponsorship of the Environmental Film Festival in DC. I supervised the installation of original, committed artworks at Bank of America offices across the world in honor of Earth Day 2016. The last 10 years of my career were focused on environmental issues and I was the project manager for a major exhibition in the negotiation space at the UN's COP26 this past November. I worked with architects, digital artists and musicians from around the world as part of that project.
What type of issue would you like to see this Board/Commission address?	I am interested in public art. I recently visited Glasgow, Scotland for COP26 and I was very impressed by their numerous public murals. I have always been drawn to public sculptures.
Are you involved in any other Town activities?	No
Do you have time constraints that would limit your ability to attend one to two meetings a month?	I'm retired but have commitments to some other groups. I have flexibility in my schedule.
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME,	<i>Field not completed.</i>

NEWSPAPER, MAGAZINE,
OR JOURNAL ARTICLE,
ETC.)

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Advisory Council on Public Health (As of 1/28/22)

MEMBERS:

Patricia Maher.....Term expires 2023 - Chair

Dr. Anthony Schlaff.....Term expires 2023

Dr. Natalia Linos.....Term expires 2022

Dr. Rosemarie Roque Gordon.....Term expires 2023

David HemenwayTerm expires 2022

Vacancy.....Term expires 2025

Dr. Peter Moyer..... Affiliate Member, Term Expires 2022

Jennifer Kritz interviews for appointment 2.1.22
Dave Dorer interviews for appointment 2.1.22
Charlie Homer interviews for appointment 2.1.22
Len Jokubaitis interviews for appointment 2.8.22
Joe Frolkis interviews for appointment 2.15.22
James Perrin interviews for appointment 2.15.22

Online Form Submittal: Board/Commission Application Form

notifications@brooklinema.gov <notifications@brooklinema.gov>

Thu 12/30/2021 1:51 PM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	Jennifer Kritz
Address	[REDACTED], MA 02446
Home Phone	[REDACTED]
Work Phone	Field not completed.
Email	[REDACTED]@gmail.com
Application for specific Board/Commission?	Advisory Committee on Public Health
What type of experience can you offer this Board/Commission?	I have almost 15 years of experience in health care communications and currently serve as Vice President of Communications for the Beth Israel Lahey Health system.
What type of issue would you like to see this Board/Commission address?	COVID-19 protocols; access to mental health services
Are you involved in any other Town activities?	Field not completed.
Do you have time constraints that would limit your ability to attend one to two meetings a month?	No
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	Kritz, Jennifer - Resume 2021.pdf

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JENNIFER KRITZ

■ Brookline, MA 02446 ■ jk[REDACTED]@gmail.com ■ [REDACTED]

EDUCATION

HARVARD UNIVERSITY, John F. Kennedy School of Government

Cambridge, MA

Master in Public Policy (2004)

Women and Public Policy Program Policy Analysis Exercise (PAE) Award

COLUMBIA UNIVERSITY, Graduate School of Arts and Sciences

New York, NY

Master of Arts in English (2000)

COLUMBIA UNIVERSITY, Columbia College

New York, NY

Bachelor of Arts in English (1998)

Honors: *Phi Beta Kappa* and *magna cum laude*

EXPERIENCE

2020-Present

BETH ISRAEL LAHEY HEALTH (Vice President, Communications)

Cambridge, MA

- Lead the development and implementation of communications and public relations strategies for Beth Israel Lahey Health, an integrated health care system of 13 hospitals and nearly 100 primary care practices across Eastern Massachusetts.
- Establish and grow the health system's national and regional reputation as a national leader in patient care, health care innovation and ground-breaking scientific research. Evaluate and refine communications strategies to reflect challenges and opportunities in the market and in support of BILH's business objectives.
- Oversee the enterprise-wide internal communications strategy to inform and engage more than 36,000 employees at all levels and across 13 hospitals and multiple business units.
- Lead internal and external crisis communications efforts to minimize reputational impacts.
- Foster and maintain strong relationships with journalists at the national, regional and local levels. Serve as official spokesperson for the system.
- Oversee executive communications and thought leadership for CEO and C-suite leaders.
- Collaborate with peers in Clinical Marketing; Brand Strategy and Consumer Engagement; and Digital Strategy and Marketing Intelligence to develop multidisciplinary strategies for key service lines and initiatives.
- Lead and develop a team of communications strategists with subject matter expertise in all aspects of communications. Direct and motivate staff to maximize productivity and achieve specified goals and quality standards.
- Develop and manage system-wide budget that includes appropriate funding for all relevant plan components. Monitor and evaluate spending on an ongoing basis, with a goal of maximizing cost-effectiveness of operations.

2014-2020

BETH ISRAEL DEACONESS MEDICAL CENTER (Sr. Director, Communications)

Boston, MA

- Oversaw all external and internal communications in support of the mission, vision and strategy of this Harvard Medical School-affiliated academic medical center; managed senior leadership communications, media relations, issues and crisis management, and employee communications. Drove collaboration and alignment within an integrated communications and marketing division and across communications platforms.
- Directed proactive and reactive media relations to advance BIDMC's reputation for extraordinary patient care, innovative scientific research and medical education. Served as chief spokesperson and led crisis communications and issues management.
- Managed strategic internal communications initiatives, including senior leadership communications to more than 10,000 clinicians, researchers and staff; hospital-wide digital signage system; intranet; BIDMC archives; and print materials.
- Served on President's senior management team, Operations Council, and Committees on Emergency Management; Workforce; and Management Compliance, Audit and Risk.
- Led staff of seven in developing and improving department operations; support engagement and professional development of staff.
- Oversaw planning, monitoring and management of department budget, identifying areas of need and opportunities for efficiencies.

- more -

EXPERIENCE *(continued)*

- | | | |
|------------------|---|----------------|
| 6/2012 – 10/2014 | TUFTS UNIVERSITY (Deputy Director of Public Relations) <ul style="list-style-type: none"> ■ Oversaw communications and public relations on Tufts University's health sciences campus, including the School of Medicine, Sackler School of Graduate Biomedical Sciences, School of Dental Medicine, Friedman School of Nutrition Science and Policy, and Jean Mayer USDA Human Nutrition Research Center on Aging. ■ Advanced university's reputation for scientific research and scholarship, academic excellence and citizenship by refining messages for print, electronic and social media. ■ Managed proactive and reactive media relations; serve as lead spokesperson. ■ Advised leadership on internal and external communications and crisis management. ■ Supervised staff and supported professional development of team members. | Boston, MA |
| 5/2007 – 5/2012 | COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services (Communications Director) <ul style="list-style-type: none"> ■ Managed all aspects of internal and external communications for the Governor's Executive Office of Health and Human Services, a Cabinet-level Secretariat with 16 state agencies, over 22,000 employees, and an annual budget of \$15.4 billion. ■ Developed and implemented proactive and reactive media strategies on a range of policy issues, including health care, disability programs, welfare, youth services, and elder affairs. ■ Managed crisis communications for high profile state agencies, including Department of Children and Families, Department of Transitional Assistance, and MassHealth. ■ Supervised communications staff and agency liaisons across 16 state agencies. ■ Wrote press releases, talking points, speeches, and legislative testimony. ■ Promoted from Deputy Communications Director in 2009. | Boston, MA |
| 1/2006 - 9/2006 | DEB GOLDBERG FOR LIEUTENANT GOVERNOR (Communications Director) <ul style="list-style-type: none"> ■ Designed and executed media strategy for statewide political campaign. Served as campaign spokesperson, wrote press releases, and built relationships with the media. ■ Directed research and development of candidate's policy positions; authored issue papers on a broad range of topics, including the economy, education, and health care. ■ Managed and updated website content. Oversaw design of campaign collateral. | Boston, MA |
| 1/2005 - 1/2006 | HUNT ALTERNATIVES (Senior Associate, Communications & Political Affairs) <ul style="list-style-type: none"> ■ Oversaw media relations process for former U.S. Ambassador Swanee Hunt and the Hunt Alternatives Fund, a multi-generational family foundation working to address challenges and opportunities related to social justice and global security. ■ Directed research and writing of Ambassador Hunt's nationally syndicated bi-weekly newspaper column and other communications projects in support of Hunt Alternatives' mission. ■ Managed Ambassador Swanee Hunt's political activities and relationships; established Gifted Women, an ongoing fundraising initiative to support women candidates for senator and governor; provided strategic recommendations regarding contributions. | Cambridge, MA |
| 8/2004 - 11/2004 | KERRY-EDWARDS 2004 (Research Director) <ul style="list-style-type: none"> ■ Analyzed projected impact of Kerry-Edwards policy proposals statewide and developed effective methods of proactive messaging. ■ Led statewide opposition research to measure effects of Bush Administration policies; focused on the economy and jobs, health care, and education. ■ Designed and implemented persuasion strategies for media, web, and field operations. | Denver, CO |
| 6/2003 - 8/2003 | THE REPUBLIC OF RWANDA (Program Director) <ul style="list-style-type: none"> ■ Served as advisor to Governor of Rwanda's Kigali Ngali Province. ■ Designed and led workshop for aspiring women political leaders in advance of Rwanda's first democratic national elections. | Kigali, Rwanda |

- more -

EXPERIENCE *(continued)*

1/2001 - 5/2002	SENATOR HILLARY RODHAM CLINTON (Constituent Liaison) <ul style="list-style-type: none"> ■ Oversaw Immigration and Foreign Affairs Department, Constituent Services. ■ Assessed government policies, analyzed pending legislation, and provided recommendations to the Senator. ■ Served as liaison between Senator Clinton's constituents and the Immigration and Naturalization Service, U.S. Department of State, and foreign governments. 	New York, NY
8/2000 - 11/2000	HILLARY 2000 & GORE-LIEBERMAN 2000 (Volunteer Director) <ul style="list-style-type: none"> ■ Recruited and served as staff supervisor of 5,000 volunteers statewide. ■ Partnered with campaign's political, financial, and grass-roots operations. ■ Determined and administered departmental budget. 	New York, NY
6/1998 - 4/1999	UNITED STATES DEPARTMENT OF JUSTICE (Paralegal Specialist) <ul style="list-style-type: none"> ■ Provided litigation support for cases alleging fraud against the government. ■ Screened pending investigations and advised on the feasibility of litigation. 	Washington, DC

ACTIVITIES

2009 – 2012	THE THACHER SCHOOL (Board of Trustees)	Ojai, CA
2009	FBI CITIZENS' ACADEMY	Boston, MA

REFERENCES

Available upon request

Online Form Submittal: Board/Commission Application Form

notifications@brooklinema.gov <notifications@brooklinema.gov>

Mon 1/3/2022 10:38 AM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	David J Dorer PhD
Address	[REDACTED] MA 02446
Home Phone	[REDACTED]
Work Phone	6 [REDACTED] 33
Email	[REDACTED]n.com
Application for specific Board/Commission?	Advisory Council on Public Health
What type of experience can you offer this Board/Commission?	see attached pdf
What type of issue would you like to see this Board/Commission address?	see attached pdf
Are you involved in any other Town activities?	Yes - see attached pdf
Do you have time constraints that would limit your ability to attend one to two meetings a month?	No
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	dorer_ACPH_application_final_010322a.pdf

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Town of Brookline Board/Commission Application Form

Please use this form to apply for one of the open Board/Commission positions. We welcome your application and will respond to you quickly.

Name: David J. Dorer, Ph.D.

Address: [REDACTED] MA 02446

Work Phone: 617 [REDACTED]

Cell Phone: 617-5 [REDACTED]

Email: [d\[REDACTED\]@ail.com](mailto:d[REDACTED]@ail.com)

Date: 3 January 2022

Application for specific Board/Commission? Advisory Council on Public Health

What type of experience can you offer this Board/Commission? I have forty years of experience with clinical / medical research as a Biostatistician (see a summary below – CV and resume attached).

What type of issue would you like to see this Board/Commission address? Along with the covid pandemic, I would like the Council to be able to address longer term issues and trends related to health, among them, mental health. With the Covid pandemic public health emergency it has been difficult to find time to work on longer range issues.

Are you involved in any other Town activities? Yes. I am analyzing data from the US Census American Community Survey to aid the Brookline Senior Center staff in evaluating and planning their programs.

Do you have time constraints that would limit your ability to attend one to two meetings a month?
No, I am semi-retired.

PROFESSIONAL (summary)

After completing my post-doc in applied mathematics, I started as a biostatistician consultant at MGH. During my twenty-five years at MGH, I collaborated with over 100 physicians on clinical research projects, including clinical trials and observational studies. I worked in the following medical specialties: psychiatry, neurology, infectious disease, rehabilitation medicine, endocrinology, gastroenterology, radiology, telemedicine, and surgery (vascular surgery, trauma surgery, and neurosurgery).

My work in psychiatry included the study of eating disorders, unipolar and bipolar depression, social phobia, alcohol and drug abuse, conduct disorder, and family studies of depression. At MGH I was the statistician member of three Data Safety Monitoring Boards (DSMB). A DSMB is an independent committee of outside experts who monitor a clinical trial for patient safety. I worked on many grant

applications that were submitted to the National Institutes of Health and served as a co-investigator on two of them.

In 2008, I moved from the MGH Biostatistics Center and continued work as a biostatistician in the biotech industry, taking a position at Ariad Pharmaceuticals. At that time, Ariad was an oncology company in Cambridge. Since moving to industry, I have researched pharmaceutical treatments for sarcoma and leukemia, as well as lung, prostate, breast, endometrial and ovarian cancer.

As a member of the research team at Ariad, I reviewed patient safety data from our clinical trials as a member of the safety management team for two compounds. An important part of this work was applying statistical techniques from epidemiology to determine background rates of adverse events and comparing those rates with the event rates observed in the clinical study. These statistical techniques are used to compare event rates between two or more disparate populations.

During this work on patient safety, I analyzed data from the FDA Adverse Event Reporting System (FAERS), the National Inpatient Sample (NIS), Medicare, and data on cancer incidence from the Surveillance, Epidemiology, and End Results Program (SEER Database). Since the beginning of the Covid epidemic, I have been analyzing the data from the CDC Vaccine Adverse Event Reporting System (VAERS) and following vaccine development by watching the FDA Vaccines and Related Biological Products Advisory Committee meetings.

After finishing consulting with industry this past December, I established a nonprofit to provide 501(c)(3) organizations with ongoing statistical support. These services have been provided pro bono.

I have coauthored more than 50 peer-reviewed research articles. Through the nonprofit, I am performing an analysis of the US Census American Community Survey (ACS) for several nonprofit organizations, including the Brookline Senior Center. I have helped develop several survey instruments for clinical research and have analyzed the resulting data.

I have served on several committees, including seven years on the Board of Trustees of the Synod of the Northeast Presbyterian Church USA. I also moderated the Presbytery of Boston Council and the Presbytery Plenary sessions.

SAMPLE PUBLICATIONS - TITLES: (abstract and first page attached)

- Blood group, immunity, and risk of infection with *Vibrio cholerae* in an area of endemicity.
- Clinical outcomes of near-term infants.
- Maternal expressed emotion and parental affective disorder: risk for childhood depressive disorder, substance abuse, or conduct disorder.
- SSRI and Statin Use Increased the Risk for Vasospasm after Subarachnoid Hemorrhage.
- How do eating disorders and alcohol use disorder influence each other?
- Drug abuse in women with eating disorders.
- What predicts suicide attempts in women with eating disorders?
- Impact of dose intensity of ponatinib on selected adverse events: Multivariate analyses from a pooled population of clinical trial patients.

sPrincipal Investigator/Program Director (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME David J. Dorer, Ph.D.		POSITION TITLE Principal Biostatistician	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Massachusetts Institute of Technology,	B.S.	1973	Mathematics
Massachusetts Institute of Technology,	Ph.D.	1979	Mathematics
Harvard University, Cambridge MA and NASA Ames Research Center, Moffett Field CA	Postdoctoral Fellow	1979-1982	Applied Mathematics

Positions and Honors

- 1975-1979 Summer Instructor, Graduate Department of Mathematics, Massachusetts Institute of Technology
- 1980 Member, Surgery Group of the Faculty Seminar on Health, Science and Statistics, Harvard School of Public Health
- 1982-1984 Statistical Consultant, National Institute of Health (NIMH), Oral Lecithin for the Treatment of Tardive dyskinesia, Massachusetts General Hospital, Boston, MA (MGH)
- 1982-1986 Statistical Consultant, Dupont Pharmaceuticals, a Double-Blind Crossover Comparison of Amantadine HCl and Benztropine Mesylate in Normal Volunteers with an Emphasis on Possible Differential Effects on Memory Function, MGH
- 1982-1986 Statistical Consultant, NIMH, Tyrosine for the Treatment of Depression, MGH
- 1982-1986 Statistical Consultant, NIMH, Interview study of parents with affective disorder and their families with a randomly selected comparison group of normal families, MGH
- 1983-1987 Statistical Consultant, NIMH, Lithium Levels and Neuroleptics in Bipolar Illness, MGH
- 1986-1987 Statistical Consultant, NIMH, CDP-Choline for the Treatment of Tardive Dyskinesia, MGH
- 1987-1988 Statistical Consultant, NIMH, A Controlled Family Study of Attention Deficit Disorder, MGH
- 1987-1990 Statistical Consultant, NIMH, A follow-up study of children at risk for Affective Disorder, MGH
- 1989-1991 Statistical Consultant, National Institute of Neurological Disorders and Stroke (NINDS), Stroke Program Project, MGH
- 1989 Member, NIMH Contract Review Committee, Data Management Center for NIMH Molecular Genetics Program
- 1990-1992 Biostatistical Consultant, Department of Psychiatry, St. Elizabeth's Hospital of Boston
- 1990-1993 Initial Director, New England Biomedical Research Foundation
- 1991-1992 Statistical Consultant, National Institute of Drug Abuse, Electrophysiology of Panic Disorder Among Drug Abusers, St. Elizabeth's Hospital of Boston
- 1996-2008 Biostatistician, NIMH, Longitudinal Study of Anorexia and Bulimia Nervosa, MGH
- 2000-2003 Biostatistical Consultant, Cooperative Pancreatic Cyst Trial, MGH
- 2001-2008 Biostatistician, Biostatistics Center, MGH
- 2002-2007 Biostatistical Consultant. Bulimic Syndromes: Secular and Longitudinal Trends, Harvard University Dept. of Psychology/ Dept. of Psychology Univ. of Iowa

Principal Investigator/Program Director (Last, First, Middle):

- 2003 Data Safety Monitoring Board (DSMB) at MGH , The Use of Growth Hormone Releasing Hormone (GHRH) in the AIDS Lipodystrophy Syndrome, Stephen Grinspoon MD, Principal Investigator (PI)
- 2005-2008 Data Safety Monitoring Board at MGH, Growth Hormone, Cardiovascular Risk and Visceral Adiposity in Women, MGH, Karren K Miller MD, PI.
- 2005-2008 Biostatistician, Improving Outcomes in Pharmacotherapy of Social Phobia, MGH
- 2006 Data Safety Monitoring Board at MGH, The Effects of Nucleoside Reverse Transcriptase Inhibitors on Mitochondrial Function, Stephen Grinspoon, MD, PI
- 2006-2008 Biostatistician, Specialized Program of Translational Research In Acute Stroke at the Partners, MGH Department of Neurology, Randomized clinical trial of normal baric oxygen for the treatment of stroke.
- 2006-2008 Biostatistician, Clinical Coordination Center for the Clinical Research Network for the Treatment of Acute Lung Injury and Acute Respiratory Distress Syndrome, MGH Biostatistics Center
- 2007-2008 Data Safety Monitoring Board at MGH. Effects of TNF-alpha antagonism in patients with metabolic syndrome, Stephen Grinspoon, MD, PI
- 2008-2017 Principal Biostatistician, Ariad Pharmaceuticals, Cambridge MA
- 2008-2009 Statistical Consultant, Spaulding Rehabilitation Hospital, Boston MA
- 2018-cur. President, Dorer Statistical Consulting Company, Brookline MA
- 2019-2021 Biostatistics Consultant, Mersana Therapeutics ,Cambridge MA
- 2021-cur President, Dorer Community Service Foundation Inc, Brookline MA

Selected peer-reviewed publications (in chronological order).

1. Caines PE, Dorer DJ. Stochastic systems: The mathematics of filtering and identification and applications. Proceedings of the NATO-ASI Workshop, Les Arc France, Reidel Publishing, 1980.
2. Keller MB, Beardslee WR, Dorer DJ, Lavori PW, Samuelson H, Klerman GL. Impact of severity and chronicity of parental affective illness on adaptive functioning and psychopathology in children. Archives of General Psychiatry. 1986; 43: 930-937.
3. Brotman AW, Pascarzi GA, Keller MB, Dorer DJ, Eisenthal S. Patients treated with psychodynamic psychotherapy by residents and Massachusetts General Hospital. J Psychiatric Education. 1987; 11: 233-242.
4. Beardslee WR, Keller MB, Lavori PW, Klerman GL, Dorer DJ, Samuelson H. Psychiatric disorder in adolescent offspring of parents with affective disorder in a non-referred sample. J Affective Dis. 1988; 15: 313-332.
5. Lavori PW, Keller MB, Beardslee WR, Dorer DJ. Affective disorders in childhood: Separating the familial component of risk from individual characteristics of children. J Affective Dis. 1988; 15: 303-311.
6. Senda M, Alpert NM, Mackey BC, Buxton RB, Correia JA, Weise SB, Ackerman RH, Dorer DJ, Buonanno FS. Evaluation of the ¹¹C02 Positron Emission Tomographic method for measuring brain pH, II. Quantitative pH mapping in patients with ischemic cerebrovascular diseases. J Cerebral Blood Flow and Metabolism. 1989; 9: 859-873.
7. Gelenberg AJ, Dorer DJ, Wojcik J, Falk WE, Brotman AW, Leahy LM. A crossover study of lecithin for tardive dyskinesia. J Clin Psychiatry. 1990; 51: 149-153.
8. Schwartz CE, Dorer DJ, Beardslee WR, Lavori PW, Keller MB. Maternal expressed emotion and parental affective disorder: Risk for childhood depressive disorder, substance abuse, or conduct disorder. J Psychiatric Res. 1990; 24: 231-250.
9. Herzog DB, Dorer DJ, Keel PK, Selwyn SE, Ekeblad ER, Flores AT, Greenwood DN, Burwell RA, Keller MB. Recovery and relapse in anorexia and bulimia nervosa: A 7.5 year follow-up study. JAACAP. 1999; 38: 829-837.
10. Herzog DB, Greenwood DN, Dorer DJ, Flores AT, Ekeblad ER, Richards A, Blais MA. Mortality in eating disorders. Intl J Eat Dis. 2000; 28: 20-26.
11. Yildiz A, Sachs GS, Dorer DJ, Renshaw PF. 31-P Nuclear magnetic resonance spectroscopy findings in bipolar illness: A meta-analysis. Psychiatry Research Neuroimaging. 2001; 106:181-191.

Principal Investigator/Program Director (Last, First, Middle):

12. Eddy KT, Keel PK, Dorer DJ, Delinsky SS, Franko DL, Herzog DB. A longitudinal comparison of anorexia nervosa subtypes. *Intl J Eat Dis*. 2002; 31:191-201.
13. Keel PK, Dorer DJ, Eddy KT, Selwyn SE, Franko DL, Blais MA, Keller MB, Herzog DB. Predictors of treatment utilization in women with anorexia and bulimia nervosa. *Am J Psychiatry*. 2002;159:140-2
14. Cambria, RP, Clouse WD, Davison JK, Dunn PF, Corey M, Dorer D, Thoracoabdominal Aneurysm Repair: Results with 337 Operations Performed Over a 15-Year Interval. *Ann Surgery* 2002; 236:471-479
- Fava M, Evins, AE, Dorer DJ, Schoenfeld DA, The problem of the placebo response in clinical trials for psychiatric disorders: culprits, possible remedies, and a novel study design approach, *Psychotherapy and Psychosomatics*, 2003;72 115-127.
15. Marone LK, Clouse WD, Dorer DJ, Brewster DC, LaMuraglia GM, Watkins MT, Kwolek CJ, Cambria RP, Preservation of Renal function with surgical revascularization in patients with atherosclerotic renovascular disease, *J Vasc Surg* 2004;39(2) 322-329.
16. Wang ML, Dorer DJ, Fleming MP, Catlin EA, Clinical Outcomes of Near Term Infants, *Pediatrics* 2004;114(2) 372-376.
17. Swearingen B, Katznelson L, Miller K, Grinspoon S, Waltman A, Dorer DJ, Klibanski A, Biller BM, Diagnostic errors after inferior petrosal sinus sampling, *J Clin Endocrinol Metab* 2004;89(8) 3752-3763.
18. LaMuraglia GM, Brewster DC, Moncure AD, Dorer DJ, Stoner MC, Trehan SC, Drynnibd Ecm Abbott WM, Cabria RP, Carotid endarterectomy at the millennium: what interventional therapy must match. *Ann Surg* 2004;240(3) 535-544.
19. Franko DL, Keel PK, Dorer DJ, Blais M, Delinsky SS, Eddy KT, Charat V, Renn R, Herzog DB, What Predicts Suicide Attempts in Women with Eating Disorders, *Psychological Medicine* 2004;34(5):843-853
20. Franko, D.L., Dorer, D.J., Keel, P.K., Jackson, S., Manzo, M.P., & Herzog, D.B. (in press 2005). How do eating disorders and alcohol use disorders influence each other? *International Journal of Eating Disorders*, 2005;38(3):200-207
21. Singhal, A.B., Topcuoglu, M.A., Dorer, D.J., Ogilvy, C.S., Carter, B.S., Koroshetz, W.J., SSRI and Statin Use Increased the Risk for Vasospasm after Subarachnoid Hemorrhage, *Neurology*, 2005;34(6):1008-1013
22. LaMurglia GM, Stoner MC, Brewster DC, Watkins MT, Juhola KL, Kwolek C, Dorer DJ, Cambria RP. Determinants of carotid endartectomy anatomic durability: effects of serum lipids and lipid-lowering drugs. *J Vasc Surg*. 2005;41(5):762-768.
23. Goh S, Kwiatkowski DJ, Dorer DJ, Thiele EA, Infantile Spasms and Intellectual Outcomes in Children with Tuberous Sclerosis Complex. *Neurology* 2005;65(2):235-238.
24. Harris JB, Khan AI, LaRocque RC, Dorer DJ, Chowdhury F, Faruque ASG, Sack DA, Ryan ET, Qadri F, Calderwood SB, Blood Group, Immunity, and Risk of Infection with *Vibrio cholerae* in an Area of Endemicity, *Infection and Immunity*, 2005; 73(11):7422-7427. Keel PK, Dorer DJ, Eddy KT, Franko D, Charatan D, Herzog DB. Predictors of mortality in eating disorders. *Archives of General Psychiatry* 2003;60:179-183.
25. Clouse WD, Marone LK, Davison JK, Dorer DJ, Brewster DC, Lamuraglia GM, Cambria RP, Late aortic and graft-related events after thoracoabdominal aneurysm repair, *J Vasc Surg* 2003;37(2):254-261
26. Keel PK, Dorer DJ, Franko DL, Jackson SC, Herzog DB, Post-remission predictors of relapse in eating disorders. *American Journal of Psychiatry*, 2005;162(12):2263-2268
27. Keel PK, Heatherton TF, Dorer DJ, Joiner TE, Zalta AK, Point prevalence of bulimia nervosa in 1982, 1992, 2002. *Psychological Medicine*. 2006 36(1):119-127.
28. Krivickas LS, Fielding RA, Murray A, Callahan D, Johansson A, Dorer DJ, Frontera WR. Sex differences in single muscle fiber power in older adults. *Med Sci Sports Exerc*. 2006;38(1):57-63.
29. Chen Z, Hauser R, Trbovich AM, Shifren JL, Dorer DJ, Godfrey-Bailey L, Singh NP. The relationship between human semen characteristics and sperm apoptosis: a pilot study. *J Androl*. 2006 27(1):112-120.
30. Velmahos GC, Gervasini A, Petrovick L, Dorer DJ, Doran ME, Spaniolas K, Alam HB, DeMoya M, Borges LF, Conn AK, Routine Repeat CT for Minimal Head Injury is Unnecessary, *J of Trauma Injury, Infection and Critical Care*, 2006; 60:494-501
31. Herzog DB, Franko DL, Dorer DJ, Keel PK, Jackson S, Manzo MP, Drug abuse in women with eating disorders, *International Journal of Eating Disorders*, 2006, ;39(5):364-368

Principal Investigator/Program Director (Last, First, Middle):

32. Ochala J, Dorer DJ, Frontera WR, Krivickas LS, Single skeletal muscle fiber behavior after a quick stretch in young and older men: a possible explanation of the relative preservation of eccentric force in old age. *Pflugers Arch.* 2006 Jul;452(4):464-470.
33. Ton-Nu TT, Levine RA, Handschumacher MD, Dorer DJ, Yosefy C, Fan D, Hua L, Jiang L, Hung J, Geometric determinants of functional tricuspid regurgitation: insights from 3 dimensional echocardiography, *Circulation* 2006 Jul 11;114(2):143-149.
34. Yeh RW, Everitt BM, Foo SY, Dorer DJ, Laposata M, Van Cott EM, Jang IK, Predictions for the development of elevated anti-heparin/platelet factor 4 antibody titers in patients undergoing cardiac catheterization, *Am J Cardio* 2006 Aug 1;98(3):419-421.
35. Jaggi R, Shapiro J, Weissman JS, Dorer DJ, Weinstein DF. ,The Educational Impact of ACGME Limits on Resident and Fellow Duty Hours: A Pre-Post Survey Study. *Acad Med.* 2006 Dec;81(12):1059-1068.
36. Ochala J, Frontera WR, Dorer DJ, Van Hoecke J, Krivackas LS, Single skeletal muscle fiber elastic and contractile characteristics in young and older men. *J Gerontol A Biol Sci Med Sci.*, 2007 Apr: 62(4):375-381.
37. Armstrong, AW, Dorer DJ, Lugin NE, Kvedar JC, Economic evaluation of interactive teledermatology compared with conventional care., *Telemed J E Health*, 2007 Apr;13(2):91-9.
38. Eddy KT, Dorer DJ, Franko DL, Tahlilani K, Thompson-Brenner H, Herzog DB, Should bulimia nervosa be subtyped by history of anorexia nervosa? A longitudinal validation. *Int J Eat Disord.* 2007 Jul 3;
39. Thompson-Brenner H, Eddy KT, Franko DL, Dorer D, Vashchenko M, Herzog D, Personality pathology and substance abuse in eating disorders: a longitudinal study. *International Journal of Eating Disorders* 2008 Apr;41(3):203-208
40. Eddy KT, Dorer DJ, Franko DL, Tahlilani K, Thompson-Brenner, Herzon DB, Diagnostic crossover in anorexia nervosa and bulimia nervosa: implications for DSM-V, *American Journal of Psychiatry.* 2008 Feb;165(2):245-250.
41. Jaggi R, Weinstein DF, Shapiro J, Kitch BT, Dorer D, Weissman JS, The Accreditation Council for Graduate Medical Education's limits on residents' work hours and patient safety,. A study of resident experiences and perceptions before and after hours reductions. *Archives Internal Medicine* 2009 Mar 10;168(5):493-500
42. Franko DL, Dorer DJ, Keel PK, Jackson S, Manzo MP, Herzog DB, Interactions between eating disorders and drug abuse, *Journal of Nervous and Mental Disease* 2008 Jul; 196(7):556-561
43. Krivickas, LS, Dorer DJ, Ochala, J, Frontera, WR, Relationship between force and size in human single muscle fibres, *Experimental Physiology.* 2011 May;96(5):539-47
46. Rice TW, Wheeler AP, Thompson BT, deBoisblanc BP, Steingrub J, Rock P; NIH NHLBI Acute Respiratory Distress Syndrome Network of Investigators, Enteral omega-3 fatty acid, gamma-linolenic acid, and an antioxidant supplementation in acute lung injury, *JAMA.* 2011 Oct 12;306(14):1574-81. doi: 10.1001/jama.2011.1435. Epub 2011 Oct 5. Erratum in: *JAMA.* 2012 Feb 8;307(6):563. Member of Network but not author
47. National Heart, Lung, and Blood Institute Acute Respiratory Distress Syndrome (ARDS) Clinical Trials Network, Matthay MA, Brower RG, Carson S, Douglas IS, Eisner M, Hite D, Holets S, Kallet RH, Liu KD, MacIntyre N, Moss M, Schoenfeld D, Steingrub J, Thompson BT, Randomized placebo-controlled clinical trial of aerosolized beta-2 agonist for treatment of acute lung injury. *Am J Respir Crit Care Med.* 2011 Sep 1;184(5):561-8. . PMID: 21562125 Member of network but not author
48. Sonnichsen D, Dorer DJ, Cortes J, Talpaz M, Deininger MW, Shah NP, Kantarjian HM, Bixby D, Mauro MJ, Flinn IW, Litwin J, Turner CD, Haluska FG. Analysis of the potential effect of ponatinib on the QTc Interval in patients with refractory hematological malignancies, *Cancer Chemother Pharmacol.* 2013 Jun;71(6):1599-607. doi: 10.1007/s00280-013-2160-7. Epub 2013 Apr 23.
49. Narasimhan NI, Dorer DJ, Niland K, Haluska F, Sonnichsen D., Effects of ketoconazole on the pharmacokinetics of ponatinib in healthy subjects, *J Clin Pharmacol.* 2013 Sep;53(9):974-81. doi: 10.1002/jcph.109. Epub 2013 Jun 25. PMID: 23801357
50. Narasimhan NI, Dorer DJ, Niland K, Haluska F, Sonnichsen D., Effects of food on the pharmacokinetics of ponatinib in healthy subjects *J Clin Pharm Ther.* 2013 Jul 25. doi: 10.1111/jcpt.12082. [Epub ahead of print] PMID:23888935
51. Evaluation of pharmacokinetics and safety of ponatinib in subjects with chronic hepatic impairment and matched healthy subjects. Narasimhan NI, Dorer DJ, Davis J, Turner CD, Marbury TC, Sonnichsen D. *Cancer Chemother Pharmacol.* 2014 Aug;74(2):341-8. doi: 10.1007/s00280-014-2511-z. Epub 2014 Jun 17. PMID:24934866

Principal Investigator/Program Director (Last, First, Middle):

52. Evaluation of the effect of multiple doses of lansoprazole on the pharmacokinetics and safety of ponatinib in healthy subjects. Narasimhan NI, Dorer DJ, Davis J, Turner CD, Sonnichsen D. Clin Drug Investig. 2014 Oct;34(10):723-9. doi: 10.1007/s40261-014-0225-y. PMID: 25145453
53. Evaluation of the effect of multiple doses of rifampin on the pharmacokinetics and safety of ponatinib in healthy subjects. Narasimhan NI, Dorer DJ, Davis J, Turner CD, Sonnichsen D. Clin Pharmacol Drug Dev. 2015 Sep;4(5):354-60. doi: 10.1002/cpdd.182. PMID: 27137144
54. Mortality and Vascular Events Among Elderly Patients With Chronic Myeloid Leukemia: A Retrospective Analysis of Linked SEER-Medicare Data. Lang K, McGarry LJ, Huang H, Dorer D, Kaufman E, Knopf K. Clin Lymphoma Myeloma Leuk. 2016 May;16(5):275-285.e1. Epub 2016 Feb 6.
55. Impact of dose intensity of ponatinib on selected adverse events: Multivariate analyses from a pooled population of clinical trial patients. Dorer DJ, Knickerbocker RK, Baccarani M, Cortes JE, Hochhaus A, Talpaz M, Haluska FG. Leuk Res. 2016 Sep;48:84-91. doi: 10.1016/j.leukres.2016.07.007. PMID: 27505637
56. Activity and safety of brigatinib in ALK-rearranged non-small-cell lung cancer and other malignancies: a single-arm, open-label, phase 1/2 trial. Gettinger SN, Bazhenova LA, Langer CJ, Salgia R, Gold KA, Rosell R, Shaw AT, Weiss GJ, Tugnait M, Narasimhan NI, Dorer DJ, Kerstein D, Rivera VM, Clackson T, Haluska FG, Camidge DR. Lancet Oncol. 2016 Dec;17(12):1683-1696. doi: 10.1016/S1470-2045(16)30392-8. PMID: 27836716
57. Effects of Strong CYP2C8 or CYP3A Inhibition and CYP3A Induction on the Pharmacokinetics of Brigatinib, an Oral Anaplastic Lymphoma Kinase Inhibitor, in Healthy Volunteers M Tugnait, N Gupta, MJ Hanley, D Sonnichsen D Kerstein, DJ Dorer, K Venkatakrishnan, N Narasimhan, Clin Pharmacol Drug Dev. 2020 Feb;9(2):214-223

Past Research Support

1R01MH070919-01A2 (Pollack) Period: 9/28/2005-7/31/2010 Agency: NIMH

“Improving Outcomes in Pharmacotherapy of Social Phobia”

Randomized clinical trial of drug therapies for social phobia. Role: Biostatistician active through 1/31/2008

1P50NS051343-01-A2 (Koroshetz/Furie) Period 9/20/2006-6/30/2011 Agency: NINDS

“Specialized Program of Translational Research In Acute Stroke at Partners”

Subproject “Randomized clinical trial of normal baric oxygen for the treatment of stroke.”

(PI Aneesh B Singhal, M.D.) active through 1/31/2008 Role: Biostatistician

HHSN268-2005-36179C (Schoenfeld David) Period 9/30/2005-9/29/2012

“Clinical Coordination Center for a Clinical Research Network for the Treatment of Acute Lung Injury and Acute Respiratory Distress Syndrome”

Randomized clinical trial for the use of albuterol for the treatment of ARDS.

Randomized clinical for the use omega fatty acids in ARDS. Role: Biostatistician active through 1/31/2008

R01 AT001638-02 (Fava, Maurizio)

04/15/04-03/31/09

NCCAM

A Double-Blind, Placebo-Controlled Study of the Alternative Therapy S-adenosyl-L-methionine (SAME) vs.

Escitalopram in Major Depressive Disorder (MDD) The primary purpose of this study is to compare the efficacy and safety and tolerability of SAME or escitalopram with placebo for the treatment of Major Depressive Disorder.

Role: Biostatistician (active through 1/31/2008)

7 R01 MH063758-03 (Keel)

Period: 4/01/02-3/31/07

Agency: NIMH

“Bulimic Syndromes: Secular & Longitudinal Trends”

The major goal of this study is to describe secular and longitudinal trends associated with bulimia nervosa and related eating disorders not otherwise specified from 1982 to 2002.

Biostatistics Consultant

R03 DA015414-01A1 (Herzog)

Period: 4/01/03-1/31/06

Agency: NIDA

“Substance Use Disorders in Women with Anorexia and Bulimia Nervosa”

Goal: Secondary data analysis of Longitudinal Study of Anorexia and Bulimia Nervosa.

Role: Biostatistician/Co-investigator

Principal Investigator/Program Director (Last, First, Middle):

5 R03 AA013614-02 (Herzog)

Period: 5/15/03-4/30/06

Agency: NIAAA

“Alcoholism in Women with Anorexia and Bulimia Nervosa”

Goal: Secondary data analysis of Longitudinal Study of Anorexia and Bulimia Nervosa.

Role: Biostatistician/Co-investigator

djdbio_123021docx 30 December 2021 1643

DAVID J DORER Ph.D.

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Summary

Designed and analyzed Phase I, II, and III clinical trials and safety data. Analysis of xenograft, gene expression, and immunohistochemistry (IHC) data. Contributed to NDA submissions for three compounds, including two marketed products (first in man through approval). Authored statistical sections of Protocols, Statistical Analysis Plans (SAP), Clinical Study Reports (CSR), Common Technical Documents (CTD), and Integrated Summary of Safety/Efficacy (ISS/ISE). Member of Safety Management Teams. Conducted pharmacokinetic (PK) and pharmacodynamic (PD) analysis, including exposure response. Authored statistical sections and performed analysis for DSURs, PSURs, and reports for Post-Marketing Requirements (FDA and EMA).

Employment

MERSANA THERAPEUTICS, Cambridge MA

2019 – current

Biostatistics Consultant

Statistician in the Mersana Oncology Drug Development Program for the development of antibody drug conjugate biologics for the treatment of cancer.

- Preparation of statistical sections of protocols, Clinical Study Reports (CSR), and Statistical Analysis Plans (SAP) for Biologics License Applications (BLA).
- Analysis of xenograft tumor growth models, gene expression biomarkers, and immunohistochemistry (IHC) biomarkers.
- Support of phase I clinical trials. Analysis of preclinical and clinical data.
- Analysis of pharmacokinetic (drug and metabolite blood levels) and pharmacodynamic data. For example, the effect of drug blood levels on clinical outcomes such as tumor response and liver enzyme blood levels.

DORER STATISTICAL CONSULTING, Brookline MA

2018 – current

Principal. Biostatistics consulting for the medical research community and the biopharmaceutical industry.

DORER COMMUNITY SERVICE FOUNDATION INC, Brookline MA

2021– current

President, Pro bono/substantially reduced fee statistical consulting for 501(c)(3) nonprofit organizations

Past Employment

ARIAD PHARMACEUTICALS (now Takeda Pharmaceuticals), Cambridge MA

2008 – August 2017

Ariad was a biotechnology company that developed small molecule drugs for the treatment of cancer

Principal Biostatistician

Statistician for three oncology compounds: Ridaforlimus (sarcoma), Ponatinib/Iclusig (leukemia), and Brigatinib (non-small cell lung cancer).

- Prepared statistical sections of protocols, Clinical Study Reports (CSR), and Statistical Analysis Plans (SAP) for New Drug Applications (NDA).
- Authored statistical sections for Investigator Brochures and end of Phase II and pre-NDA briefing books for health authorities: FDA, EMA, PMDA, TGA (Australia), and Health Canada. Provided statistical guidance for responding to health authority questions involving meeting and other requests related to NDA, MAA, and JNDA submissions as well as ad hoc requests from health authorities.
- Provided statistical input for all aspects of study designs.
- Member of Brigatinib clinical trial Study Team. Member of Safety Management Teams for Brigatinib and Ponatinib/Iclusig. Member of Clinical Pharmacology Working Group. Presented results of statistical analyses.
- Prepared specifications for tables, listings, figures, data entry (CDASH), and CDISC (SDTM AdAM) datasets for submission to regulatory authorities. Performed quality checks of programming outputs for submission to regulatory authorities and for publications.
- Used methods from Epidemiology to analyze safety data, comparing clinical trial adverse event rates to reference rates (typically using Standardized Incidence Ratios) derived from the SEER, NIS (National

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Inpatient Survey), and Medicare databases as well as data from the medical literature. Analyzed FAERS (FDA Adverse Event Reporting System) data, clinical trial data, and post-marketing data for safety reporting and signal detection.

- Designed and analyzed surveys to assess the effectiveness of REMS (Risk Evaluation and Mitigation Strategies) for Ponatinib as well as other surveys (see publications).
- Clinical trial statistician for Phase I-IIa oncology trial. Responsible for statistical aspects of study design (including power calculations), trial conduct, and reporting. Co-authored presentations, posters, and publications of study results.
- Designed and analyzed drug-drug interaction (DDI), food effects, QT/QTc, renal impairment, hepatic impairment, and bio-equivalence studies. Performed power calculations for DDI and related studies. Conducted Pharmacokinetic Non-Compartmental Analysis (NCA) of drug blood levels. Interpreted results from Population Pharmacokinetic (Pop-PK) models and analyzed output from Pop-PK simulations.
- Modeled and simulated clinical trial accrual and clinical trial time lines.
- Created and reviewed Standard Operating Procedures (SOP) related to clinical trials, statistical programming, data management, and data analysis. Created specifications for quality review of statistical programming outputs (tables listings and figures) for clinical studies. Prepared specifications for CDISC compliant datasets.
- Co-authored presentation on using prediction intervals for futility analysis in group sequential clinical trials presented at the session on adaptive trials at American Statistical Association 2010 Joint Statistical Meeting. The session was chaired by Sue-Jane Wang of the FDA.
- Co-authored abstracts, posters, and slide presentations for medical conferences.

MASSACHUSETTS GENERAL HOSPITAL Boston, MA

2001 – 2008

Biostatistician, Biostatistics Center and Statistical Consultant (prior to 2001)

- Participated at site reviews for two NIH (National Institutes of Health) program projects.
- Co-Principal Investigator on two funded NIH research grants.
- Statistician member of Data Safety Monitoring Boards (DSMB).
- Member of an NIH review committee.
- Prepared statistical methods sections for multiple research proposals and contributed to the overall design of protocols.
- Evaluated and responded to reviews by the NIH.
- Developed proposals and protocols in cooperation with physicians and other medical professionals.
- Presented statistical analyses to physicians and other medical professionals. Presented at workshops on statistical methods for physicians.
- Published medical research, employing a broad range of statistical methods and covering a range of therapeutic areas.
- Prepared reports for Data Safety Monitoring Boards (DSMB) in blinded clinical trials.
- Presented results during DSMB closed sessions. Assisted with applications to Institutional Review Boards (IRB).
- Prepared randomized treatment assignments for trials. Assisted with blinding of treatments for clinical trials.
- Supervised data entry, case report form (CRF) development, and database creation.
- Designed, analyzed, reported, and published results from observational studies (no randomized treatment intervention).
- Designed and analyzed phase-III clinical trials with parallel, crossover, group sequential (multiple look), two-stage, factorial, and co-enrolled designs.

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY, Cambridge MA

Summer Instructor

- Taught advanced calculus (complex analytic functions, boundary value problems, partial differential equations, Fourier analysis, special functions, calculus of variations) course for graduate-level engineers.

Statistical Methods

Include: Survival analysis, Kaplan-Meier estimates, Proportional Hazards (Cox) models, Nonparametric methods, Selection and Ordering, Mixed Effects Models (linear and nonlinear), calculation of Standardized Mortality Ratios, Standardized Incidence Ratios, Linear Models (ANOVA), Logistic Regression, Generalized Linear Models, Generalized Estimating Equations models for clustered data, Categorical data analysis, Log-Linear Models, Bootstrap, Simulation, and methods for the analysis of gene expression data.

Data Analyzed

Longitudinal, Survey, Psychometric, Neuropsychiatric, Assay (e.g. antibody data), Clinical Laboratory Data, mortality, Pharmacokinetic, Progression Free Survival, Overall Survival, Length of Stay, Clinical Rating Scales, Electrocardiogram, Gene Expression, Laboratory Assay, Post-Marketing Exposure, Quality of Life scales and data resulting from laboratory experiments.

Therapeutic Areas

Oncology (sarcoma, endometrial cancer, breast cancer, chronic myeloid leukemia, non-small cell lung cancer), ovarian cancer), Surgery (vascular, trauma and neurosurgery), Psychiatry (eating disorders, depression, social phobia, attention deficit hyperactivity disorder, drug and alcohol abuse), Neurology (stroke, multiple sclerosis/MS), Cardiology (echo cardiograms), Internal Medicine (intensive care), Rehabilitation Medicine, Infectious Disease (cholera).

Publications

Co-authored over 50 publications in peer-reviewed medical journals. See recent publications below.

Statistical Packages & Programming Languages

S-plus, SAS, R, Bioconductor. Computer Languages: C, Fortran, HTML.

Education

Massachusetts Institute of Technology (MIT) **B.S., Ph.D.**, Mathematics

Undergraduate courses in chemistry, biochemistry, and biology, including laboratory courses.

Harvard University Division of Applied Sciences & NASA Ames Research Center **Postdoctoral Fellowship**, Applied Mathematics.

Other Education: Graduate statistics courses University of Massachusetts Lowell.

Former Member, American Statistical Association

Recent Publications

1. Tugnait M, Gupta N, Hanley MJ, Venkatakrishnan K, Sonnichsen D, Kerstein D, **Dorer DJ**, Narasimhan N, The Effect of a High-Fat Meal on the Pharmacokinetics of Brigatinib, an Oral Anaplastic Lymphoma Kinase Inhibitor, in Healthy Volunteers. Clin Pharmacol Drug Dev. 2019 Aug;8(6):734-741.
2. Sonnichsen D, **Dorer DJ**, Cortes J, Talpaz M, Deininger MW, Shah NP, Kantarjian HM, Bixby D, Mauro MJ, Flinn IW, Litwin J, Turner CD, Haluska FG. Analysis of the potential effect of ponatinib on the QTc Interval in patients with refractory hematological malignancies, Cancer Chemother Pharmacol. 2013 Jun;71(6):1599-607. doi: 10.1007/s00280-013-2160-7. Epub 2013 Apr 23.

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3. Impact of dose intensity of ponatinib on selected adverse events: Multivariate analyses from a pooled population of clinical trial patients. **Dorer DJ**, Knickerbocker RK, Baccarani M, Cortes JE, Hochhaus A, Talpaz M, Haluska FG. Leuk Res. 2016 Sep; 48:84-91. doi: 10.1016/j.leukres.2016.07.007. PMID: 27505637.
4. Evaluation of pharmacokinetics and safety of ponatinib in subjects with chronic hepatic impairment and matched healthy subjects. Narasimhan NI, **Dorer DJ**, Davis J, Turner CD, Marbury TC, Sonnichsen D. Cancer Chemother Pharmacol. 2014 Aug;74(2):341-8. doi: 10.1007/s00280-014-2511-z. PMID: 24934866.
5. Activity and safety of brigatinib in ALK-rearranged non-small-cell lung cancer and other malignancies: a single-arm, open-label, phase 1/2 trial. Gettinger SN, Bazhenova LA, Langer CJ, Salgia R, Gold KA, Rosell R, Shaw AT, Weiss GJ, Tugnait M, Narasimhan NI, **Dorer DJ**, Kerstein D, Rivera VM, Clackson T, Haluska FG, Camidge DR. Lancet Oncol. 2016 Dec;17(12):1683-1696. doi: 10.1016/S1470-2045(16)30392-8. PMID: 27836716.
6. Mortality and Vascular Events Among Elderly Patients With Chronic Myeloid Leukemia: A Retrospective Analysis of Linked SEER-Medicare Data., Lang K, McGarry LJ, Huang H, **Dorer D**, Kaufman E, Knopf K. Clin Lymphoma Myeloma Leuk. 2016 May;16(5):275-285.e1. doi: 10.1016/j.clml.2016.01.006. PMID: 27013180.

Other Publications

7. Fava M, Evins, AE, **Dorer DJ**, Schoenfeld DA, The problem of the placebo response in clinical trials for psychiatric disorders: culprits, possible remedies, and a novel study design approach, Psychotherapy and Psychosomatics, 2003;72 115-127. Original publication on “Sequential-Parallel” clinical trial design.
8. Ponatinib versus Bosutinib in 3rd-Line Chronic Phase - Chronic Myeloid Leukemia (CP-CML): Indirect Comparison of Efficacy Using Iterative Proportional Fitting, McGarry LJ, Yang M, Chiroli S, Lustgarten S, Dorer DJ. International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 21st Annual International Meeting, May 21–25, 2016, (Poster)

complete list of publications at dorerconsulting.com

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Blood Group, Immunity, and Risk of Infection with *Vibrio cholerae* in an Area of Endemicity

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Individuals with blood group O are more susceptible than other individuals to severe cholera, although the mechanism underlying this association is unknown. To assess the respective roles of both intrinsic host factors and adaptive immune responses that might influence susceptibility to infection with *Vibrio cholerae*, we prospectively followed a cohort of household contacts of patients with cholera in Bangladesh. In this study, we made the novel observation that persons with blood group O were less likely than those with other blood groups to become infected with *V. cholerae* O1 (odds ratio [OR], 0.67; 95% confidence interval [CI], 0.53 to 0.85; $P = 0.008$). Consistent with prior studies, however, household contacts with blood group O were more likely to develop severe illness if infected with *V. cholerae* O1 (OR, 2.3; 95% CI, 0.98 to 5.59; $P = 0.05$). While blood group O protected significantly against infection with *V. cholerae* O1, there was no evidence of protection against *V. cholerae* O139. A multivariate analysis demonstrated that the association between blood group O and protection from infection with *V. cholerae* O1 was independent of age, gender, and baseline anti-cholera toxin and vibriocidal antibody titers. Based on this epidemiologic evidence, we propose a hypothesis for understanding the association between blood group O and the risk of infection with *V. cholerae* O1 and O139 as well as the risk of developing severe symptoms once infected.

Vibrio cholerae is a gram-negative bacterium that causes a spectrum of infection ranging from asymptomatic colonization to rapidly fatal secretory diarrhea known as cholera gravis. *V. cholerae* is differentiated serologically by the O side chain of its lipopolysaccharide; the vast majority of human cholera is caused by the O1 and O139 serogroups. The O1 serogroup of *V. cholerae* is subclassified into two biotypes (classical and El Tor) and two major serotypes (Inaba and Ogawa) (11). Due to variations in the predominating serogroup, biotype, and serotype in circulation, the epidemiology of cholera is in constant flux. In the 1960s, the *V. cholerae* O1 El Tor biotype emerged as a major cause of cholera, ultimately replacing the classical biotype. In 1992, the *V. cholerae* O139 serogroup first appeared; after briefly predominating in South Asia, it now persists in this region, but at much lower levels than *V. cholerae* O1 El Tor.

Susceptibility to infection with *V. cholerae* is dependent on both adaptive immune responses induced by previous infection and innate host factors. The best-studied correlate of adaptive immunity to *V. cholerae* is the serum vibriocidal antibody, a complement-fixing bactericidal antibody. Seroepidemiologic studies in areas of endemicity have shown that vibriocidal antibody titers increase with age and that risk of disease is

inversely proportional to the vibriocidal antibody titer (9, 16, 17). However, there is no threshold vibriocidal antibody titer above which complete protection from infection is achieved, and it is hypothesized that the vibriocidal antibody is a surrogate marker for a protective mucosal immune response (24). Systemic antibodies to cholera toxin have not been found to correlate with protection from cholera (9). Furthermore, infection with *V. cholerae* O1 does not confer protection from *V. cholerae* O139, even though both serogroups produce identical cholera toxins (1, 22).

Among the intrinsic host factors that influence susceptibility to cholera, the ABH histo-blood group antigens are the most studied. Multiple case-control studies in areas of cholera endemicity have demonstrated that individuals with blood group O (the blood group phenotype associated with the H antigen) are at increased risk of hospitalization due to classical and El Tor *V. cholerae* O1 as well as *V. cholerae* O139 (3, 4, 5, 7, 26). A study of North American volunteers also demonstrated increased purging in blood group O subjects infected with a high inoculum of classical *V. cholerae* O1 (13). It has been hypothesized that *V. cholerae* infection is the evolutionary force behind the low prevalence of the O blood group in the Ganges River Delta, which is a historic and current global epicenter of cholera (10, 11).

Two previous studies have addressed the question of whether blood group O is also associated with an increased risk of asymptomatic infection or mild illness due to *V. cholerae* in addition to the increased risk of severe illness (10, 26). Both

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August 13, 2004 Study finds near-term infants at risk for significant he... <http://www.massgeneral.org/depts/pubaffairs/issues/081304Wang.htm>



August 13 , 2004

Study finds near-term infants at risk for significant health problems

Babies born a few weeks premature, who have generally been considered as healthy as full-term infants, actually have a greater incidence of serious health problems, according to a study from MassGeneral Hospital for Children (MGHC). In their report in the August issue of Pediatrics, the research team describes finding that babies born at 35 or 36 weeks gestation were more likely to have jaundice, low blood sugar, difficulty maintaining body temperature and other problems.

"Conventional wisdom has been that babies who were near-term but still premature would do as well as full-term babies. But those of us who take care of these children know from experience that they may have more problems than full-term infants do," says Marvin Wang, MD, of the MGHC Neonatology Unit, who led the study, noting that the actual outcomes for such infants had not been previously studied.

The research team analyzed both medical and billing records for 95 full-term and 90 near-term infants, randomly chosen from those born at the MGH over a three-year period. The near-term infants had significantly greater incidence than did full-term infants of being diagnosed with a number of clinical problems and also were more likely to have multiple problems. In terms of health costs, the initial hospital stays of the near-term infants cost an average of \$2,600 more than did those of full-term infants.

"There are many 35- or 36-week infants who do just as well as full-term babies, but our results indicate we should have a lower threshold of concern about the possibility that these children may be at risk for health problems," says Wang .

His coauthors are senior author Elizabeth Catlin, MD, and David Dorer, PhD, both of the MGH, and Michael Fleming of Partners.

Clinical Outcomes of Near-Term Infants

Marvin L. Wang, MD*; David J. Dorer, PhD†; Michael P. Fleming, MBA§; and Elizabeth A. Catlin, MD*

ABSTRACT. *Objective.* To test the hypothesis that near-term infants have more medical problems after birth than full-term infants and that hospital stays might be prolonged and costs increased.

Methods. Electronic medical record database sorting was conducted of 7474 neonatal records and subset analyses of near-term ($n = 120$) and full-term ($n = 125$) neonatal records. Cost information was accessed. Length of hospital stay, Apgar scores, clinical diagnoses (temperature instability, jaundice, hypoglycemia, suspicion of sepsis, apnea and bradycardia, respiratory distress), treatment with an intravenous infusion, delay in discharge to home, and hospital costs were assessed.

Results. Data from 90 near-term and 95 full-term infants were analyzed. Median length of stay was similar for near-term and full-term infants, but wide variations in hospital stay were documented for near-term infants after both vaginal and cesarean deliveries. Near-term and full-term infants had comparable 1- and 5-minute Apgar scores. Nearly all clinical outcomes analyzed differed significantly between near-term and full-term neonates: temperature instability, hypoglycemia, respiratory distress, and jaundice. Near-term infants were evaluated for possible sepsis more frequently than full-term infants (36.7% vs 12.6%; odds ratio: 3.97) and more often received intravenous infusions. Cost analysis revealed a relative increase in total costs for near-term infants of 2.93 (mean) and 1.39 (median), resulting in a cost difference of \$2630 (mean) and \$429 (median) per near-term infant.

Conclusions. Near-term infants had significantly more medical problems and increased hospital costs compared with contemporaneous full-term infants. Near-term infants may represent an unrecognized at-risk neonatal population. *Pediatrics* 2004;114:372-376; *neonate, outcome, prematurity, near term, costs, newborn.*

ABBREVIATIONS. OR, odds ratio; CI, confidence interval; FE, Fisher exact test; TTN, transient tachypnea of the newborn.

Newborn infants are defined as premature when birth takes place before 37 weeks of gestation (259 days from the first day of the mother's last menstrual period).^{1,2} Premature birth is known to place infants at increased risk for morbidity and death compared with infants who are born at

term. A subgroup of more mature premature infants, so-called "near term" infants of 35 to 36 6/7 weeks' gestation, has recently become a focus of increased interest.³⁻⁵ In obstetric and pediatric practice, near-term infants are often considered functionally full term, and management decisions are made accordingly. However, this practice pattern is largely not data driven, and clinical experience indicates that this practice may not always be appropriate. We hypothesized that despite relatively large size and apparent functional maturity, near-term infants are at increased risk for neonatal medical problems compared with full-term infants and that clinical assessment and treatment might prolong hospitalization and increase cost.

METHODS

Newborn infants who were born between October 1997 and October 2000 (inclusive) were identified using the obstetric electronic medical record database of the Massachusetts General Hospital, a tertiary teaching hospital with 3200 births per year. This secure database contains pertinent information on all mothers and neonates delivered at the Massachusetts General Hospital. Using the medical record number and gestational age of each neonate based on best obstetric estimate, we sorted through 7474 records (593 records of infants of 35-36 6/7 weeks' and 6881 records of infants 37-40 weeks' gestation) and randomly selected 120 near-term (35-36 6/7 weeks' gestation) and 125 full-term (37-40 weeks' gestation) records. To achieve 80% power for a 2-tailed α of .05 with an estimated clinical diagnosis rate of 50% and 30% in near-term and term infant groups, respectively, it was calculated that analysis of 90 near-term and 95 full-term neonatal records were needed.

Exclusion criteria were 1) incomplete medical record, 2) major congenital anomaly, 3) multiple gestation above twins, and 4) maternal substance abuse. This investigation was approved by our institutional review board.

Chart review was performed on each of the randomly selected medical records, and data were entered into a Microsoft Access 97 relational database. Statistical methods incorporated dichotomous variables comparing near-term and full-term infants using Fisher exact test. For significant associations, the maximum likelihood estimate of the conditional odds ratio (OR) and 95% confidence interval (CI) are reported. For nondichotomous categorical variables (eg, management of possible sepsis), Fisher exact test for an $R \times C$ table is used. For ordinal variables (eg, length of stay, Apgar scores), the Wilcoxon rank sum test was used for comparison of medians. The R statistical package (version 1.5.0) was used for statistical computations.⁶

Cost and charge information was obtained through the Eclipsys Sunrise Decision Support Manager (previously Transition Systems, Inc). Patient unit numbers were used to identify patient admissions in the system. When multiple admissions existed for the same patient, admit dates were evaluated to distinguish the newborn admission from subsequent admissions, which were excluded. Reports were then generated to capture each patient's direct costs and actual total cost (including overhead), which were then summarized and analyzed by gestational age categories. All information obtained from the Eclipsys SDSM system reflected hospital-based activity only. The physician component of expense was not included.

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MATERNAL EXPRESSED EMOTION AND PARENTAL AFFECTIVE DISORDER: RISK FOR CHILDHOOD DEPRESSIVE DISORDER, SUBSTANCE ABUSE, OR CONDUCT DISORDER

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PHILIP W. LAVORI¶|| and MARTIN B. KELLER¶

*Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, U.S.A.; †Department of Psychiatry, Massachusetts Mental Health Center, Boston, Massachusetts, U.S.A.; ‡Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts, U.S.A.; §Department of Psychiatry, The Children's Hospital, Boston, Massachusetts, U.S.A.; ¶Department of Psychiatry and Human Behavior, Division of Biology and Medicine, Brown University, Providence, Rhode Island, U.S.A.; ||Department of Biostatistics, Harvard School of Public Health, Boston, Massachusetts, U.S.A.

(Received 8 September 1988; revised 10 March 1989, 16 January 1990; final revision 6 April 1990)

Summary—Expressed emotion (EE) refers to a set of emotional aspects of speech for which ratings have been derived. Seven independent studies have established that higher EE ratings in the relatives of patients with schizophrenia predict higher rates of relapse in these patients and two studies have established an association of higher EE in spouses with relapse of depression in their mate. There are no previous studies of parental EE as a predictor of childhood affective disorder or other disorders not in the schizophrenia spectrum.

In this study we investigated the relationship between the level of maternal EE and the incidence of DSM—III affective disorder (major depression or mania or dysthymia), substance abuse, or conduct disorder in 273 children. We found that a higher degree of maternal expressed emotion was associated with a three-fold increase in a child's risk (odds multiplier) for having at least one of the following diagnoses: depressive disorder (major depression or dysthymia), substance abuse, or conduct disorder. This increased risk acts in addition to the increased risk of child diagnosis associated with parental affective illness. Research and clinical implications are discussed.

INTRODUCTION

EXPRESSED emotion refers to a set of emotional aspects of speech for which reliable ratings have been derived. Its three principal components, critical attitudes, hostile attitudes, and extreme emotional overinvolvement are derived from the Camberwell Family Interview (BROWN, BIRLEY, & WING, 1972; RUTTER & BROWN, 1966; BROWN & RUTTER, 1966).

Seven independent studies have found that higher expressed emotion ratings predict higher rates of relapse in patients with schizophrenia (BROWN, MONCK, CARSTAIRS, & WING, 1962; BROWN *et al.*, 1972; VAUGHN & LEFF, 1976; LEFF & VAUGHN, 1981; VAUGHN *et al.*, 1982; VAUGHN, SNYDER, JONES, FREEMAN, & FALLOON, 1984; MOLINE, SINGH, MORRIS, & MELTZER, 1985; KARNO *et al.*, 1987; LEFF *et al.*, 1987) although one recent study did not demonstrate such an association (MACMILLAN, GOLD, CROW, JOHNSON, & JOHNSTONE, 1986). These findings have stimulated interest in psychosocial intervention to lower expressed

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SSRI and statin use increases the risk for vasospasm after subarachnoid hemorrhage

A.B. Singhal, MD; M.A. Topcuoglu, MD; D.J. Dorer, PhD; C.S. Ogilvy, MD; B.S. Carter, MD, PhD; and W.J. Koroshetz, MD

Abstract—Background: Use of medications with vasoconstrictive or vasodilatory effects can potentially affect the risk for vasospasm after aneurysmal subarachnoid hemorrhage (SAH). **Methods:** Using International Classification of Diseases–9 diagnostic codes followed by medical record review, the authors identified 514 patients with SAH admitted between 1995 and 2003 who were evaluated for vasospasm between days 4 and 14. The authors determined risks for vasospasm, symptomatic vasospasm, and poor clinical outcomes in patients with documented pre-hemorrhagic use of calcium channel blockers, beta-receptor blockers, ACE inhibitors, aspirin, selective serotonin reuptake inhibitors (SSRIs), non-SSRI vasoactive antidepressants, or statins. **Results:** Vasospasm developed in 62%, and symptomatic vasospasm in 29% of the cohort. On univariate analysis, the risk for all vasospasm tended to increase in patients taking SSRIs ($p = 0.09$) and statins ($p = 0.05$); SSRI use increased the risk for symptomatic vasospasm ($p = 0.028$). The Cochran-Armitage trend test showed that the proportion of patients taking SSRIs and statins increased significantly across three worsening categories (none, asymptomatic, symptomatic) of vasospasm. Logistic regression analysis showed that SSRI use tended to predict all vasospasm (O.R. 2.01 [0.91 to 4.45]), and predicted symptomatic vasospasm (O.R. 1.42 [1.06 to 4.33]). Statin exposure increased the risk for vasospasm (O.R. 2.75 [1.16 to 6.50]), perhaps from abrupt statin withdrawal (O.R. 2.54 [0.78 to 8.28]). Age < 50 years, Hunt-Hess grade 4 or 5, and Fisher Group 3 independently predicted all vasospasm, symptomatic vasospasm, poor discharge clinical status, and death. **Conclusion:** Selective serotonin reuptake inhibitor and statin users have a higher risk for subarachnoid hemorrhage-related vasospasm. Whether the underlying disease indication, direct actions, or rebound effects from abrupt drug withdrawal account for the associated risk warrants further investigation.

NEUROLOGY 2005;64:1008–1013

Cerebral vasospasm occurs in approximately two-thirds of patients with subarachnoid hemorrhage (SAH), and over half of these patients develop delayed ischemic deficits.¹ Options to prevent vasospasm are limited; furthermore, accurate and timely diagnosis of vasospasm remains a challenge. Despite close observation in intensive care units, vasospasm is often diagnosed after the onset of neurologic deterioration, which impedes the efficacy of therapeutic interventions. It is thus important to identify risk factors and improve the ability to predict vasospasm. Patient characteristics such as poor clinical grade, thick blood clots on head CT scan (Fisher Group 3 SAH), type and timing of aneurysm treatment, young age, cigarette smoking, and fever have previously been identified as independent predictors of vasospasm.^{1–8}

Cocaine use, which induces vasoconstriction via potent sympathomimetic and serotonergic effects, increases the risk for SAH-related vasospasm.^{9,10} Theoretically, commonly used prescription medications that have vasoconstrictive or vasodilatory effects (vasoactive medications, e.g., calcium channel blockers,

beta-receptor blockers, angiotensin converting enzyme [ACE] inhibitors, angiotensin-1 [AT1] receptor blockers, HMG-CoA reductase inhibitors [statins], certain antidepressants) can also affect cerebral vascular tone. In this study we evaluated the risk for developing vasospasm and poor clinical outcome in patients documented to be using different classes of vasoactive medications at the time of SAH.

Methods. Under a research protocol approved by our Institutional Review Board, we reviewed medical records of 918 patients with International Classification of Diseases–9 (ICD-9) diagnostic code 430.0 (SAH) admitted to our hospital between November 1995 and February 2003. In addition, we prospectively identified and collected vasospasm data on SAH patients admitted to our neurologic intensive care unit (NICU) after November 2000. We included 514 patients with evidence for SAH on head CT or CSF examination, and intracranial aneurysms on transfemoral, CT, or MR angiography. We excluded 404 patients with nonaneurysmal SAH (e.g., brain trauma, arteriovenous malformation, coagulopathy, vasculitis, dissection; $n = 208$), incorrect coding for SAH ($n = 49$), tests for vasospasm not performed ($n = 1$), SAH from an infected aneurysm ($n = 1$), untreated aneurysmal SAH ($n = 8$), admission after day 14, i.e., after the typical period of vasospasm ($n = 46$), and moribund clinical status on admission who either died by day 4, i.e., before the typical period of vasospasm, or in whom aneurysm treatment was not attempted ($n = 91$).

We collected data on the following covariables: patient age; sex;

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REGULAR ARTICLE

How do Eating Disorders and Alcohol Use Disorder Influence Each Other?

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 Pamela K. Keel, PhD³
 Safia Jackson, BA¹
 Mary Pat Manzo, BA¹
 David B. Herzog, MD¹

ABSTRACT

Objective: Although eating disorders and alcohol use disorder (AUD) are known to co-occur, the influence of one on the other has not been studied.

Method: In a prospective study, women diagnosed with either anorexia nervosa (AN; $n = 136$) or bulimia nervosa (BN; $n = 110$) were interviewed and assessed for Research Diagnostic Criteria (RDC) AUD every 6–12 months over 8.6 years.

Results: Over one fourth of the sample ($n = 66$ [27%]) reported a lifetime history of AUD. Ten percent of the study subjects ($n = 24$) developed AUD over the course of the study. AUD did not influence recovery from either eating disorder. Poor psychosocial functioning and history of substance use predicted prospective onset of an episode of AUD

for both diagnostic groups. Unique predictors for AUD for women with AN were depression, overconcern with body image, and vomiting. Recovery from AUD was predicted by group therapy and hospitalization (women with AN) and individual therapy and exercise (women with BN).

Conclusion: The influence of eating disorders on AUD appears to be greater than the reverse. A substantial number of patients who initially present with an eating disorder develop alcohol problems over the course of time, suggesting that the risk is an ongoing one that should be monitored by clinicians. © 2005 by Wiley Periodicals, Inc.

Keywords: eating disorders, alcohol abuse, alcohol use disorder

(*Int J Eat Disord* 2005; 38:200–207)

Introduction

Anorexia nervosa (AN) and bulimia nervosa (BN) are associated with substantial rates of psychiatric comorbidity (O'Brien & Vincent, 2003). Of note is the co-occurrence with alcohol use disorders (AUD; Herzog et al., 1999), because eating and substance use disorders are associated with the highest mortality risks across all mental disorders (Harris &

Barracough, 1998). Thus, their co-occurrence may create a particularly deadly combination (Keel et al., 2003). Although estimates vary somewhat by study, the lifetime prevalence of AUD in women with AN-restricting subtype ranges from 2% to 6%, in women with AN/binge-purge subtype from 12% to 27%, and for BN from 2.9% to 48.6% (Braun, Sunday, & Halmi, 1994; Garcia-Vilches et al., 2002; Holderness, Brooks-Gunn, & Warren, 1994; Jordan et al., 2003). Although rates of co-occurrence are high, little is known about the comorbidity of eating and AUD. That is, beyond descriptive data concerning the proportion of individuals suffering from both conditions, little has been written about the influence of each disorder on the other. The current study attempted to shed some light on how eating disorder symptoms might affect AUD, and how the abuse of alcohol might influence eating disorder symptomatology.

Furthering our understanding of the extent to which alcohol use might be related to rates of recovery of eating disorder symptoms could be useful to clinicians who treat AN and BN presenting with both disorders. Although several studies have examined predictors of the course of AN and

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REGULAR ARTICLE



Drug Abuse in Women with Eating Disorders

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Pamela K. Keel, PhD⁴
Safia Jackson, BA¹
Mary Pat Manzo, BA¹

ABSTRACT

Objective: Drug abuse in women with eating disorders has received relatively little attention. The frequency of drug use disorder (DUD) by specific drug type was examined in the current longitudinal study.

Method: In a prospective study, women diagnosed with either anorexia nervosa (AN; $n = 136$) or bulimia nervosa (BN; $n = 110$), were interviewed and assessed for research diagnostic criteria (RDC) DUD every 6–12 months over 8.6 years.

Results: Forty-two (17%) women in the current longitudinal study had a lifetime history of DUD, with 19 prospective onsets over the course of the study (9 AN

and 10 BN). The most commonly abused illicit drugs were amphetamines, cocaine, and marijuana, and rates of DUD did not differ between intake diagnoses of AN and BN.

Conclusion: Drug abuse in women with eating disorders is an area of clinical concern and should be monitored routinely throughout the treatment process. © 2006 by Wiley Periodicals, Inc.

Keywords: drug abuse; women; eating disorders

(*Int J Eat Disord* 2006; 39:000–000)

Introduction

Eating disorders have high rates of comorbidity,¹ particularly with substance use disorders. Although the majority of studies in this area have focused on alcohol use,^{2–7} several have described the degree of use of illicit drugs as well. Reports of drug use in eating disorders, defined generally as “having ever used a particular drug,” have been published with adolescent,^{8,9} college student,¹⁰ and community samples.¹¹ For example, in 77 adolescents who met criteria for an eating disorder as defined in the 4th ed. of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; Washington, DC: American Psychiatric Association; 1994), those with restrictive symptoms were found to use less cannabis and stimulants (in past 12 months) than matched

comparison (nonpsychiatric) participants, whereas the adolescents who had purging symptoms used these substances at rates similar to those of comparison participants.⁹ Purgers used marijuana, hallucinogens, stimulants, lysergic acid diethylamide (LSD), phencyclidine (PCP), cocaine, and “ecstasy” at rates similar to the comparison group and had higher rates of tranquilizer use than comparison participants. In a study of college students who completed self-report questionnaires to assess eating disorders and drug use,¹⁰ women categorized as having bulimia nervosa (BN; $n = 68$) were found to report use of marijuana and barbiturates more frequently than participants without an eating disorder ($n = 1,749$). No differences were found between the participants with BN and controls on other categories of drugs. In a community sample of adolescents and adults, illicit drug use was associated with disordered eating and eating disorders, although the associations were not strong.¹¹

In clinical samples, several studies have found illicit drug use to be higher in patients diagnosed with BN than AN,¹² with one study finding higher reports of ever having used amphetamines, barbiturates, marijuana, tranquilizers, and cocaine in patients with BN than in patients with AN.¹³ Specifically, amphetamine use was reported by 18% of bulimic outpatients, compared with just 3% of anorexic outpatients. Similarly, marijuana use occurred in 25% of patients with BN and only 5.25% of patients with AN.

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Grant R03 1 R03 DA015414-01A1 from the National Institute on Drug Abuse (DBH)

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What predicts suicide attempts in women with eating disorders?

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V. CHARAT, R. RENN AND D. B. HERZOG

Harvard Eating Disorders Center, Massachusetts General Hospital, Boston, MA, USA; Department of Counseling & Applied Educational Psychology, Northeastern University; Harvard University; and Department of Psychiatry, Massachusetts General Hospital, Boston, MA, USA

ABSTRACT

Background. Suicide is a common cause of death in anorexia nervosa and suicide attempts occur often in both anorexia nervosa and bulimia nervosa. No studies have examined predictors of suicide attempts in a longitudinal study of eating disorders with frequent follow-up intervals. The objective of this study was to determine predictors of serious suicide attempts in women with eating disorders.

Method. In a prospective longitudinal study, women diagnosed with either DSM-IV anorexia nervosa ($n = 136$) or bulimia nervosa ($n = 110$) were interviewed and assessed for suicide attempts and suicidal intent every 6–12 months over 8–6 years.

Results. Fifteen percent of subjects reported at least one prospective suicide attempt over the course of the study. Significantly more anorexic (22.1%) than bulimic subjects (10.9%) made a suicide attempt. Multivariate analyses indicated that the unique predictors of suicide attempts for anorexia nervosa included the severity of both depressive symptoms and drug use over the course of the study. For bulimia nervosa, a history of drug use disorder at intake and the use of laxatives during the study significantly predicted suicide attempts.

Conclusions. Women with anorexia nervosa or bulimia nervosa are at considerable risk to attempt suicide. Clinicians should be aware of this risk, particularly in anorexic patients with substantial comorbidity.

INTRODUCTION

Anorexia nervosa (AN) is associated with a high risk of mortality (Sullivan, 1995; Moller-Madsen *et al.* 1996; Keel *et al.* 2003). In earlier reports (Williams, 1958), the effects of starvation were often listed as the cause of death in AN; however, in more recent papers, suicide has often been the leading cause of death (Isager *et al.* 1985; Patton, 1988; Norring & Sohlberg, 1993; Nielsen, 2001). Several studies have found that the rate of suicide in AN is substantially higher than suicide rates in the general population

(Theander, 1985; Patton, 1988; Crisp *et al.* 1992; Eckert *et al.* 1995). Studies of suicidality in bulimia nervosa (BN) are fewer in number. The majority of studies reviewed find no deaths in bulimic subjects (Keel & Mitchell, 1997; Herzog *et al.* 2000); however, of the deaths reported for BN across multiple studies, 29% were the result of suicide. Thus, determining predictors of suicidal behavior, particularly serious suicide attempts, may identify who is at greatest risk of dying from eating disorders.

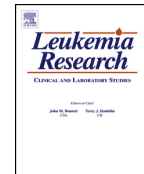
The rates of suicide attempts in eating disordered samples range from 13% to 31% (Favaro & Santonastaso, 1996; Bulik *et al.* 1999) and suicide attempts are concurrently associated with binge eating, purging and co-morbid psychiatric disorders (Viesselman & Roig, 1985;

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Leukemia Research

journal homepage: www.elsevier.com/locate/leukres

Impact of dose intensity of ponatinib on selected adverse events: Multivariate analyses from a pooled population of clinical trial patients



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Dose intensity

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Ponatinib

Tyrosine kinase inhibitor

ABSTRACT

Ponatinib is approved for adults with refractory chronic myeloid leukemia or Philadelphia chromosome-positive acute lymphoblastic leukemia, including those with the T315I BCR-ABL1 mutation. We pooled data from 3 clinical trials (N=671) to determine the impact of ponatinib dose intensity on the following adverse events: arterial occlusive events (cardiovascular, cerebrovascular, and peripheral vascular events), venous thromboembolic events, cardiac failure, thrombocytopenia, neutropenia, hypertension, pancreatitis, increased lipase, increased alanine aminotransferase, increased aspartate aminotransferase, rash, arthralgia, and hypertriglyceridemia. Multivariate analyses allowed adjustment for covariates potentially related to changes in dosing or an event. Logistic regression analysis identified significant associations between dose intensity and most events after adjusting for covariates. Pancreatitis, rash, and cardiac failure had the strongest associations with dose intensity (odds ratios >2). Time-to-event analyses showed significant associations between dose intensity and risk of arterial occlusive events and each subcategory. Further, these analyses suggested that a lag exists between a change in dose and the resulting change in event risk. No significant association between dose intensity and risk of venous thromboembolic events was evident. Collectively, these findings suggest a potential causal relationship between ponatinib dose and certain adverse events and support prospective investigations of approaches to lower average ponatinib dose intensity.

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1. Introduction

BCR-ABL1 tyrosine kinase inhibitors (TKIs) are effective for improving outcomes in the treatment of chronic myeloid leukemia (CML) and Philadelphia chromosome-positive acute lymphoblastic

leukemia (Ph+ ALL); however, in many cases, resistance develops through BCR-ABL1 mutations or other mechanisms [1]. The T315I mutation occurs in 5% to 20% of imatinib-resistant patients with BCR-ABL1 mutations and confers resistance to imatinib, dasatinib, nilotinib, and bosutinib [2–6]. Other mutations that may confer resistance to 1 or more of these drugs include Y253F/H, E255K/V, F359V/I/C, F317L/V/I/C, and V299L [1]. The BCR-ABL1 TKI ponatinib is unique in its broad-spectrum efficacy against both unmutated and mutant forms of BCR-ABL1, including the T315I mutant [7–9]. Data from the single-arm, open-label phase 2 Ponatinib Ph+ ALL and CML Evaluation (PACE) trial (ClinicalTrials.gov identifier: NCT01207440), which was conducted in patients in

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Online Form Submittal: Board/Commission Application Form

notifications@brooklinema.gov <notifications@brooklinema.gov>

Mon 1/10/2022 4:54 PM

To: Devon Fields <dfields@brooklinema.gov>; Ben Vivante <bvivante@brooklinema.gov>

Board/Commission Application Form

Please use this form to apply for one of the [open Board/Commission positions](#). We welcome your application and will respond to you quickly.

Name	Charles J. Homer, MD, MPH
Address	[REDACTED] 1
Home Phone	[REDACTED]
Work Phone	[REDACTED]
	[REDACTED]
Application for specific Board/Commission?	Advisory Commission on Public Health
What type of experience can you offer this Board/Commission?	Primary Care Pediatrician with 15 years community and academic practice; Founder and former Executive Director of national nonprofit focused on improving child health and equity (NICHQ.org); former policy lead for federal antipoverty efforts at US DHHS during Obama Administration; contact tracing during pandemic.
What type of issue would you like to see this Board/Commission address?	Social Determinants of Health, including housing, racism; focus on building protective and positive assets for children and families.
Are you involved in any other Town activities?	Former Town Meeting Member. Attend housing related committee meetings.
Do you have time constraints that would limit your ability to attend one to two meetings a month?	No.
IF RELEVANT, YOU CAN ATTACH OTHER MATERIALS (RESUME, NEWSPAPER, MAGAZINE, OR JOURNAL ARTICLE, ETC.)	Charles Homer One Page Resume November 2021.docx

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Charles J. Homer, MD, MPH

██████████ Brookline, MA 02446 Charlie.Homer@gmail.com ██████████

SELECTED WORK HISTORY

2020-2021 Case Investigator, Partners In Health MA Covid-19 Community Tracing Collaborative
2019- Executive Co-Lead, Massachusetts Child And Adolescent Health Initiative
2018- Chief Improvement Officer and Senior Advisor, Empath (Economic Mobility Pathways) Boston, MA
2015-2016 Deputy Assistant Secretary, Human Services Policy, Office Of The Assistant Secretary For Planning And Evaluation (ASPE), US Department Of Health And Human Services Washington, DC
1999-2015 Founder and Chief Executive Officer, National Institute For Children's Health Quality
1991-1999 Primary Care Physician, Comprehensive Child Health Program, Boston Children's Hospital
1986-1991 Unit Chief, Pediatrics, MGH-REVERE HEALTH ASSOCIATES Revere, MA

SELECTED NATIONAL LEADERSHIP ROLES

1998-2002 Member, United States Preventive Services Task Force:
2000-2004 Founding Chair, Steering Committee on Quality Improvement and Management, American Academy of Pediatrics:
2010-2012 Member, Institute of Medicine Child Health Measurement Committee:
2008-2010
 Member, Ambulatory Steering Committee, National Quality Forum
 Member, Hospital Outcomes and Efficiency Steering Committee, National Quality Forum
2009-2011
 Chair, Child Outcomes Measures Steering Committee, National Quality Forum
 Member Performance Measurement Expert Panel of the Commonwealth of Massachusetts' Health Care Quality and Cost Council

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1984-1986 MPH (Epidemiology), University of North Carolina, Chapel Hill
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1976-1980 M.D., *University of Pennsylvania School of Medicine, Philadelphia, PA*
1972-1976 B.A., (History) *Yale University, New Haven, CT*

SELECTED PUBLICATIONS

Smith LA, Oyeku SO, **Homer C**, Zuckerman B. Sick cell disease: a question of equity and quality. *Pediatrics*. 2006 May;117(5):1763-70.
Homer CJ. Health Disparities and the primary care medical home: could it be that simple? *Acad Pediatr*. 2009 Jul-Aug;9(4):203-5
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 Perrin J, **Homer C**, Hagen GN, Díaz-Linhart Y, Guyer J. Transforming Pediatric Primary Care: Moving From Theory To Practice In Massachusetts And Beyond. *Health Affairs Blog*. March 2, 2021 10.1377/hblog20210228.115836

OFFICE OF THE SELECT BOARD

MEMORANDUM

TO: Melvin Kleckner, Town Administrator

FROM: Melissa Goff, Deputy Town Administrator

RE: **2021 STM follow-up Action**

DATE: 12/20/21

The Table below summarizes the outcome of the 2021 Special Town Meeting. Articles that require further action by either establishment/work of a committee or a resolved clause compelling a Town response are noted in the “action required” column below.

ARTICLE NUMBER	SUBJECT	TOWN MEETING VOTE	SB ACTION REQUIRED
1	Unpaid Bills	No Action	N/A
2	Collective Bargaining	No Action	N/A
3	Civil Service	Not Moved	N/A
4	Home Rule License Authority	Favorable Action	File legislation
5	60-64 Harvard Easement	Favorable Action	Grant easement (complete)
6	Sidewalk Obstruction	Favorable Action	N/A
7	Increase MJ cap	No Action	N/A
8	Decrease MJ cap	No Action	N/A
9	MJ Committee	Favorable Action	Consider funding to support ACPH work
10	Hybrid Town Meeting	Favorable Action	File legislation
11	Home Rule Quorum	Favorable Action	File legislation
12	Reso Hybrid Meeting	Favorable Action	Support staff implementation plan
13	Roll call votes	Favorable Action	Notify Board and Commissions
14	EDAB Disclosure	Not Moved	N/A
15	Language Access	Favorable Action	Develop a language access plan
16	Driscoll Geothermal	Not Moved	N/A (Approved in October)
17	Composting	Favorable Action	N/A
18	Low Carbon Concrete	Favorable Action	N/A
19	Nuisance Control	No Action	N/A
20	LHD Olmstead	Favorable Action	N/A
21	Zoning 4.08 Affordable Housing	Favorable Action	N/A
22	Gun Store	Favorable Action	N/A
23	Off Street Parking Zoorob	Favorable Action	N/A
24	Off Street Parking PB	Not Moved	N/A
25	EV Ready Parking	Favorable Action	N/A
26	Transform Planning and Zoning	Favorable Action	Appoint a Planning Process Study Committee, provide support for the committee's work.
27	Petitioner Requirements for Articles	No Action	N/A
28	Fur	Favorable Action	N/A
29	Polling Locations	Favorable Action	N/A
30	Speigel indemnification	Not Moved	(Incorporated into budget amendment)
STM2-1	Budget Amendment	Favorable Action	N/A